

Name
in
Full

Mr. L. Aaron

CERTIFICATE OF DEATH

Died at *Taylor's Island* TownCounty *Dorchester*

MARYLAND

Date of death *1908 June 15*

Month

Day

Age

Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Md.*

Occupation

*Farming*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Sarah A. Aaron*Father's
Name*John R. Aaron*Father's
Birthplace*Md.*Mother's
Maiden Name*Unknown to informant*Mother's
BirthplaceName of person giving
Information*Reuben Aaron*How related
to deceased*Son*

CAUSES OF DEATH

80

Primary

Angina Pectoris

How long

3 mo. -

Immediate

Cardiac Failure

How long

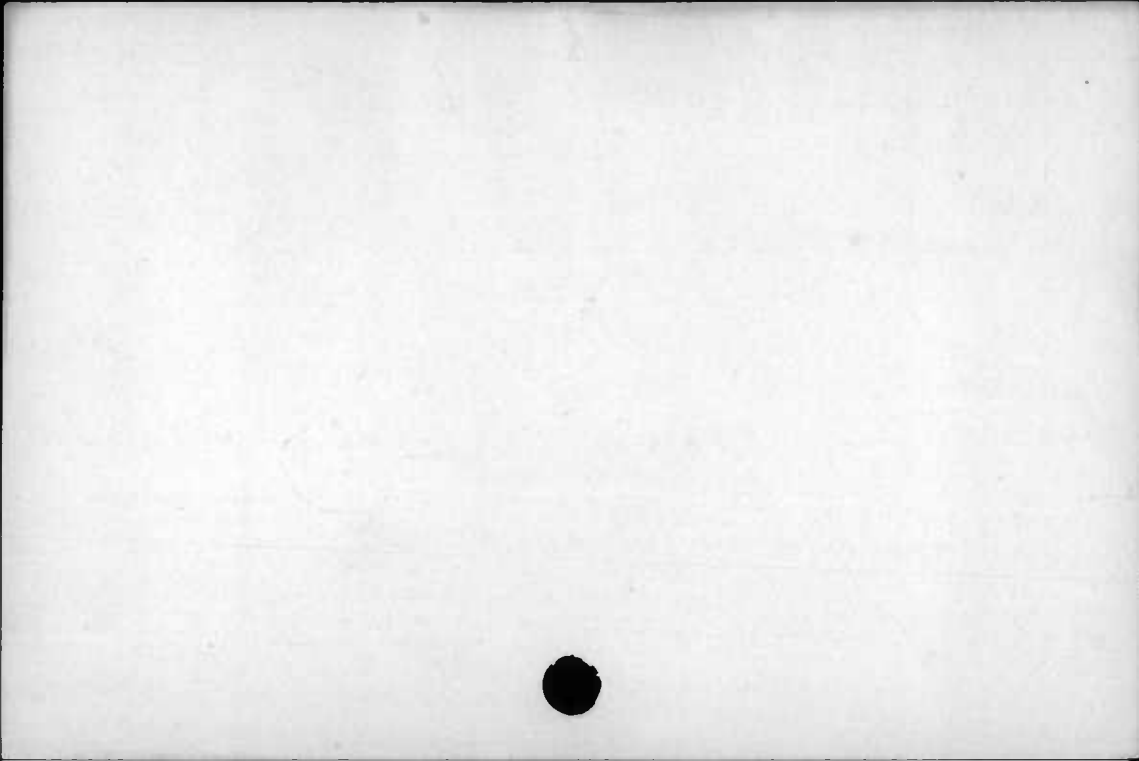
*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Jo. H. Shriver Jr.**Taylor's Island**Md.*

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant no name

Abbott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Cambridge, Md.</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>Cambridge Maryland</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Alonzo Abbott</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>May Goslin</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Alonzo Abbott</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>No Physician in attendance</i>	How long <i>none</i>
Immediate <i>Marasmus</i>	How long <i>about 3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	Address <i>Edmund Sullivan</i>
Accident or Suicide?	<i>Justice of the Peace</i>



Name
in
Full

Christopher C. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

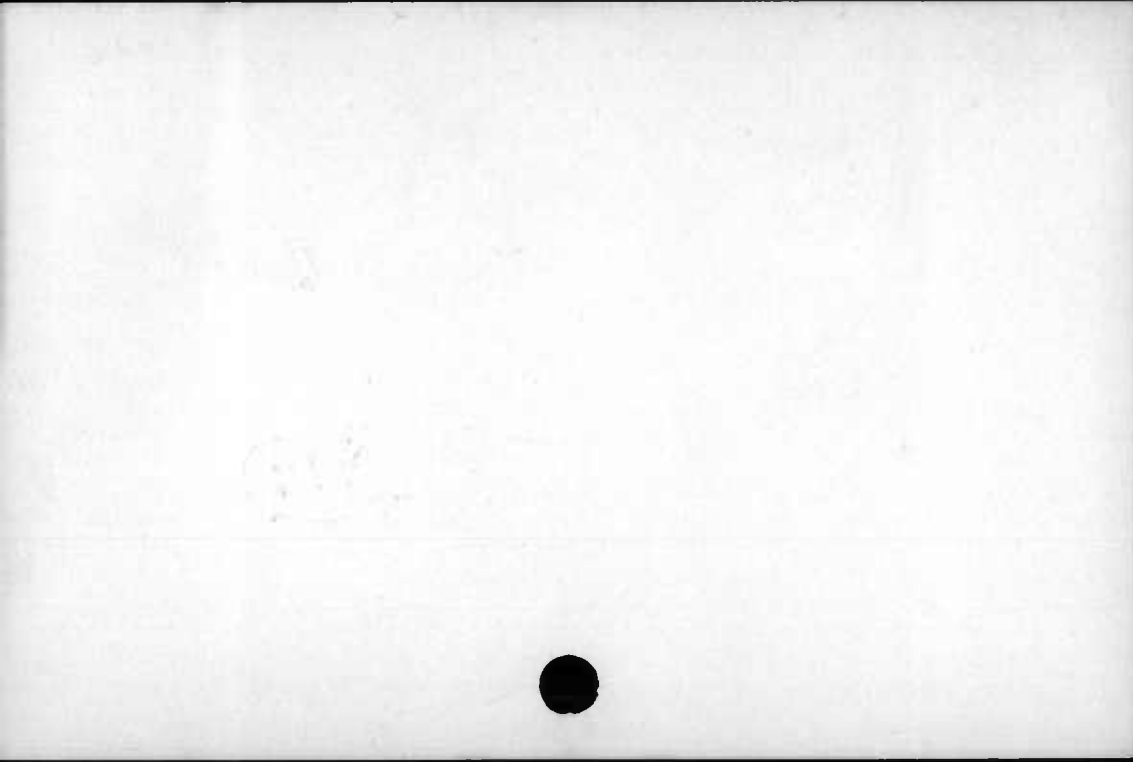
Died at <u>Lloyds</u> <small>Town</small>		<u>Bochister</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>21</u> <small>Years</small>	<u>0</u> <small>Months</small>	<u>28</u> <small>Days</small>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Infant</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband		
Father's Name	<u>Wm H Bell</u>			Father's Birthplace	<u>Lloyds Md</u>
Mother's Maiden Name	<u>Sallie Willey</u>			Mother's Birthplace	<u>Taylor's ds. Md</u>
Name of person giving information	<u>Sallie Bell</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Undermined</u>	How long	<u>1 day</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>S A Stokes</u>
		Address	<u>Cambridge</u>
			<u>At 65</u>
Accident or Suicide?			<u>md</u>



Name
in
Full

William Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

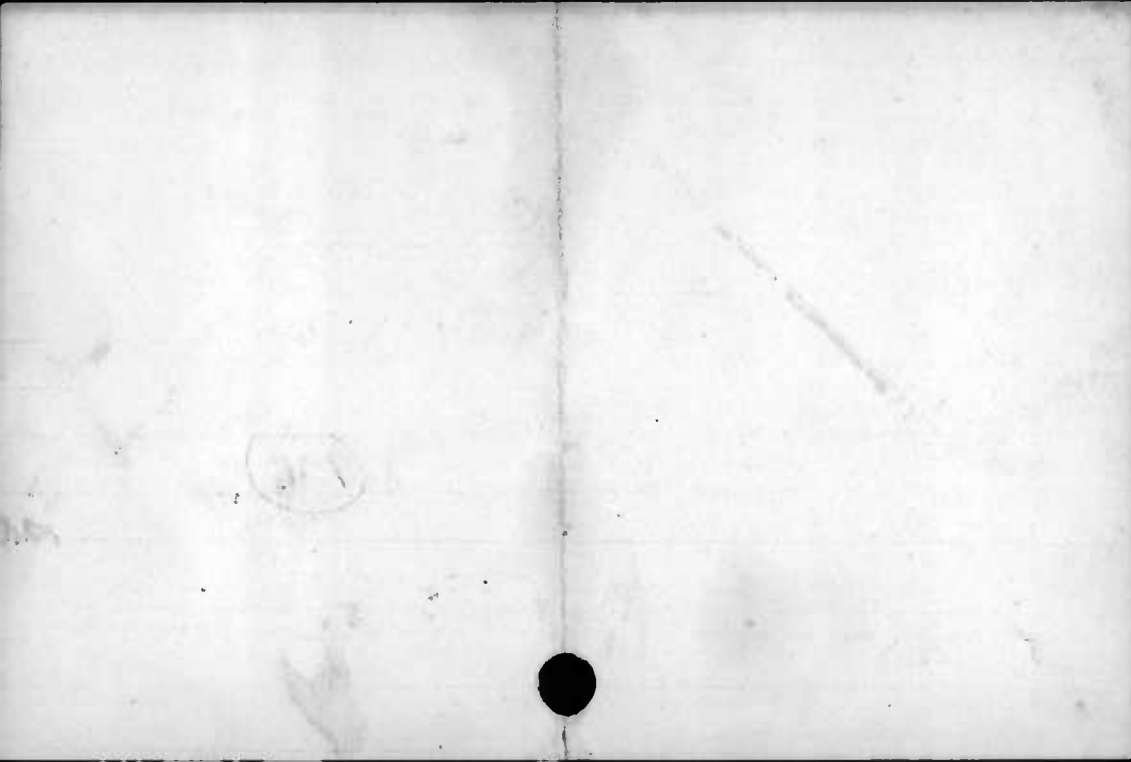
Died at <i>Reids</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	21
Age	65	Years		Months	5
				Days	4
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>MD</i>	
Where Residing If not at place of death					
Married, Single Unwedded	Name of Wife or Husband <i>Laura A. Bell</i>				
Father's Name	<i>John Bell</i>			Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Susan Raleigh</i>			Mother's Birthplace	<i>MD</i>
Name of person giving information	<i>Geo D. Bell</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. B. Proctor</i>	
		Address <i>Salisbury MD</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

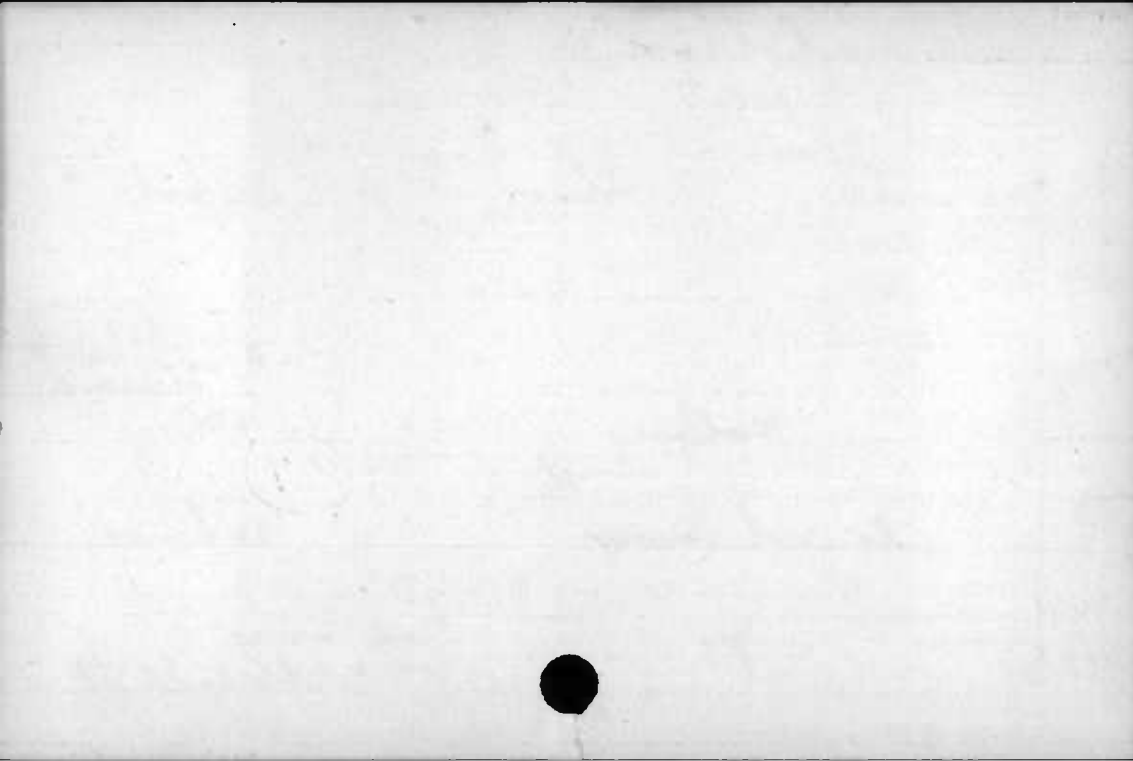
Name in Full <i>John W. Camper</i>		Town <i>E. N. Market</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>E. N. Market</i>		Month <i>June</i>		Day <i>24</i>		Age <i>28</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>24</i>		Age <i>28</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>E. N. Market</i>		Months <i>3</i>	
Occupation <i>Hauler</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Ida Norton</i>					
Father's Name <i>John A. Camper</i>		Father's Birthplace <i>E. N. Market</i>					
Mother's Maiden Name <i>Mit Banks</i>		Mother's Birthplace <i>E. N. Market</i>					
Name of person giving Information <i>Howard Milaughby</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>one quarter of year</i>
Immediate <i>Tuberculosis bowels</i>	How long <i>three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Nichols, M.D.</i>
	Address <i>E. N. Market, Md.</i>
Accident or Suicide?	



Name
In Full

Hattie May Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>E. E. Market</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>25</i>	Age	Years	Months <i>4</i>	Days <i>8</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Beaufort</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>"</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Amos Askins</i>				Father's Birthplace <i>Hicksbury</i>			
Mother's Maiden Name <i>Luzena Coleman</i>				Mother's Birthplace <i>Vienna</i>			
Name of person giving information <i>Mother</i>				How related to deceased <i>"</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>do not know</i>	How long	<i>24 hours</i>
Immediate	<i>" " "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>had none</i>	
		Address <i>Wm J. Abdell Jr</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

MARYLAND

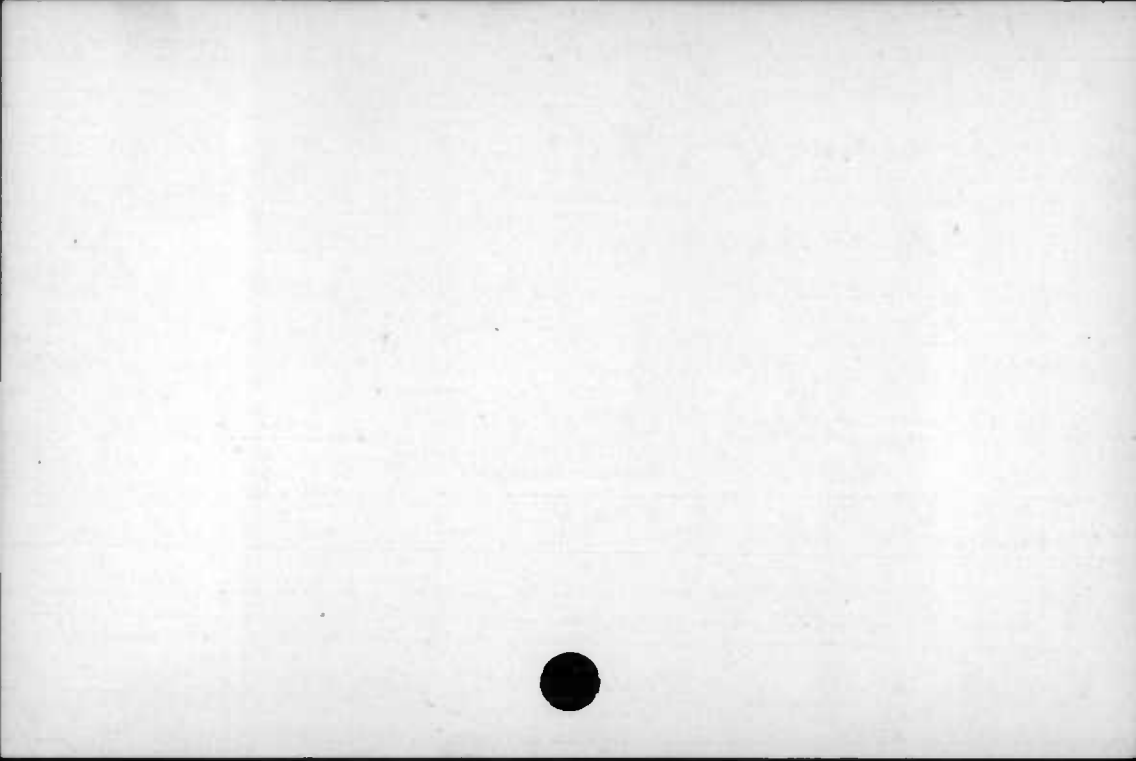
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>E N Market</i>		Town		County	
Date of death <i>1908</i>		Month	Day	Age	Years
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>E N Market</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Same place</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Anna Coraway</i>			
Father's Name <i>Wm Coraway</i>		Father's Birthplace <i>Saline</i>			
Mother's Maiden Name <i>Sarah Coraway</i>		Mother's Birthplace <i>Saline</i>			
Name of person giving information <i>Wm</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	(179)	How long	<i>one day & night</i>
Immediate	<i>unknown</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	<i>No Dr</i>	
		Address	<i>Wm J. Abdell Jr</i>	
Accident or Suicide?			<i>E N Market Ind</i>	



Name
in
Full

William Cooper Over one yr. Certificate of Death

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		6	22	41			
Sex	Male		Color or Race	Black		Birth-place	Md.
Occupation				Where Residing If not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	Not known						
Mother's Maiden Name	Not known						
Name of person giving information							

Father's Birthplace

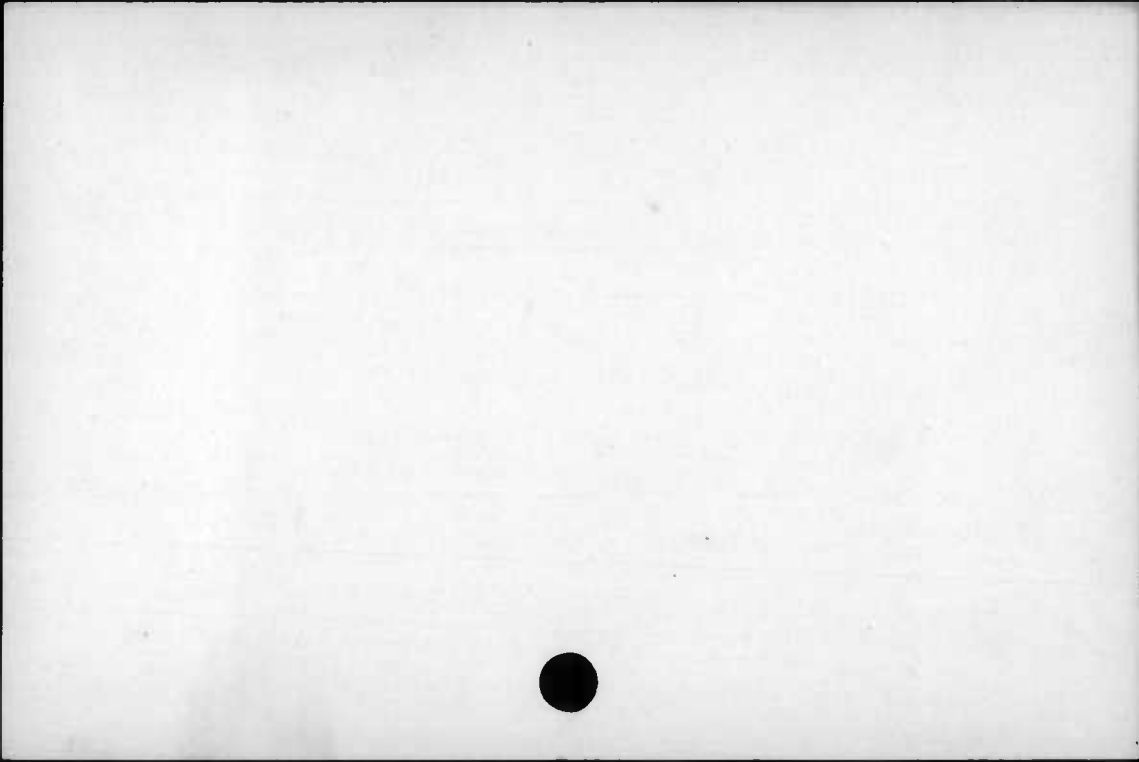
Mother's Birthplace

How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	2 yrs.
Immediate	Chronic Nephritis	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		R. L. Linthicum	
Address		Church Creek Md.	
Accident or Suicide?		X	



Name
in
Full

William Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>27th</i>	Age <i>41</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Mechanic</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Elizabeth Wheatly</i>			
Father's Name <i>Unknown</i>		<i>(Cooper)</i>		Father's Birthplace <i>Dor. Co. Md.</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Dor. Co. Md.</i>			
Name of person giving information <i>Mrs M. W. Pearson</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Cerebral Apoplexy</i>	How long <i>Can't say</i>
Immediate <i>Hemiplegia</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Spithum</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Name in Full		Anna Downey				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Linkwood</u> Town		<u>Dorchester</u> County		MARYLAND		
		Date of death <u>1908</u>	Month <u>June</u>	Day <u>20</u>	Age <u>20</u>	Years	Months	Days
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
		Occupation <u>Child</u>		Where Residing if not at place of death				
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>				
PHYSICIAN OR CORONER		Father's Name <u>Joseph M. Downey</u>				Father's Birthplace <u>Ind.</u>		
		Mother's Maiden Name <u>Anna M. Crouch</u>				Mother's Birthplace <u>Ind.</u>		
		Name of person giving information <u>Joseph M. Downey</u>				How related to deceased <u>Father</u>		
		CAUSES OF DEATH				(151)		
PHYSICIAN OR CORONER		Primary <u>Malnutrition</u>				How long <u>20 days.</u>		
		Immediate <u>Exhaustion</u>				How long <u>Not long.</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>E. E. Woepp</u>		
						Address <u>Cambridge, Ind.</u>		
		Accident or Suicide?						

(11)



Name
in
Full

Mary A Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

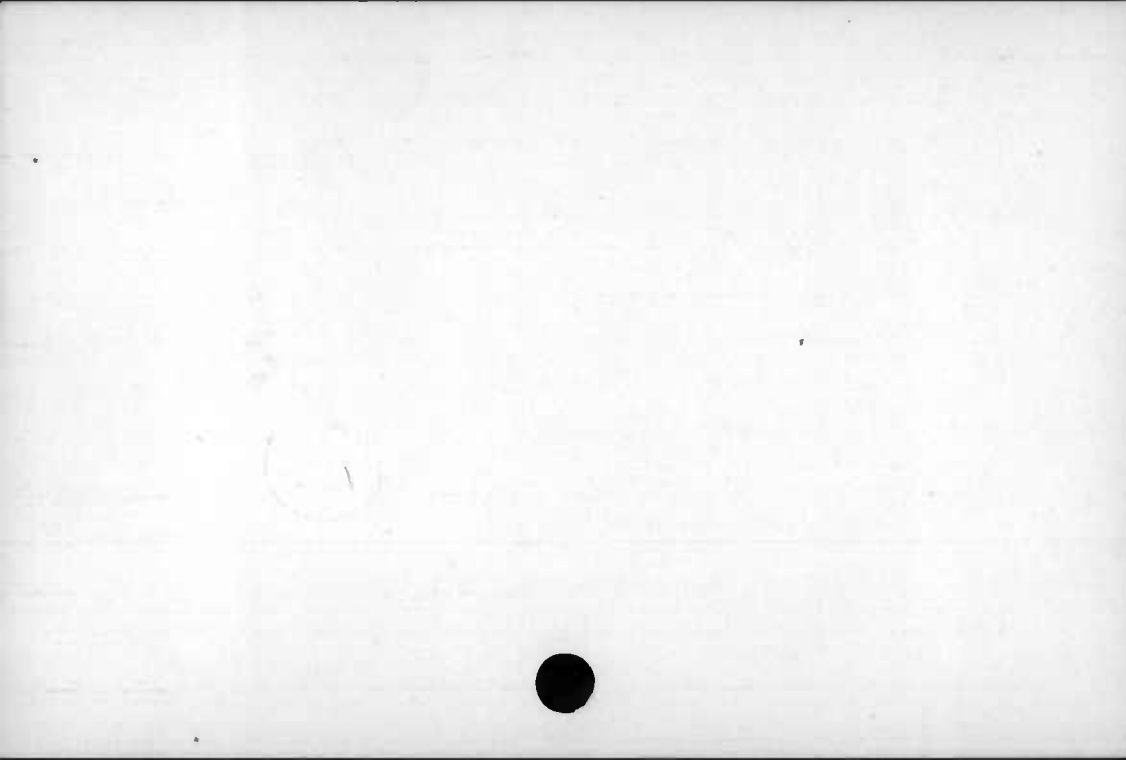
Died at		Town Hurdlock		County Worcester		MARYLAND	
Date of death		Month 8 June	Day 13	Years 73	Months		Days
Sex Female		Color or Race white		Birth-place Md			
Occupation Housekeeper		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Geo Elliott					
Father's Name James B Webster		Father's Birthplace Md					
Mother's Maiden Name Lucy H Parker		Mother's Birthplace Md					
Name of person giving information Ella Charles		How related to deceased Sister					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Cholera Morbus	How long	6 hours
Immediate	Valvular disease of heart	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. DeMaigne	
		Address Hurdlock Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

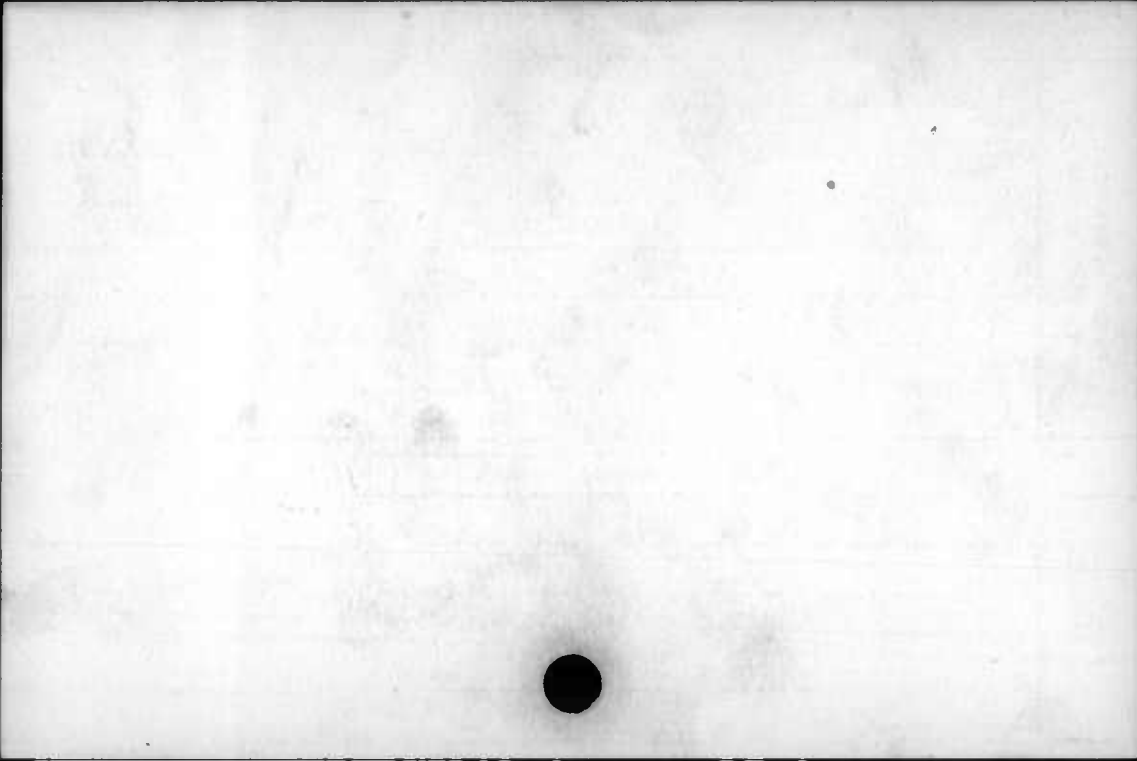
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		June	9th	~	~	~	19
Sex	Male	Color or Race	Colored	Birth place	Dorchester Co.		
Occupation	~			Where Residing if not at place of death	~		
Married, Single or Widowed	Single		Name of Wife or Husband	~			
Father's Name	Edward Foster				Father's Birthplace	Dorchester Co.	
Mother's Maiden Name	Rebecca Jackson				Mother's Birthplace	Dorchester Co.	
Name of person giving information	Edward Foster				How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis		How long	One week
Immediate	Aschemia		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dexter F. Reynolds
			Address	Cambridge Md
Accident or Suicide?				



Name
in
Full

Solis L. Graves

CERTIFICATE OF DEATH

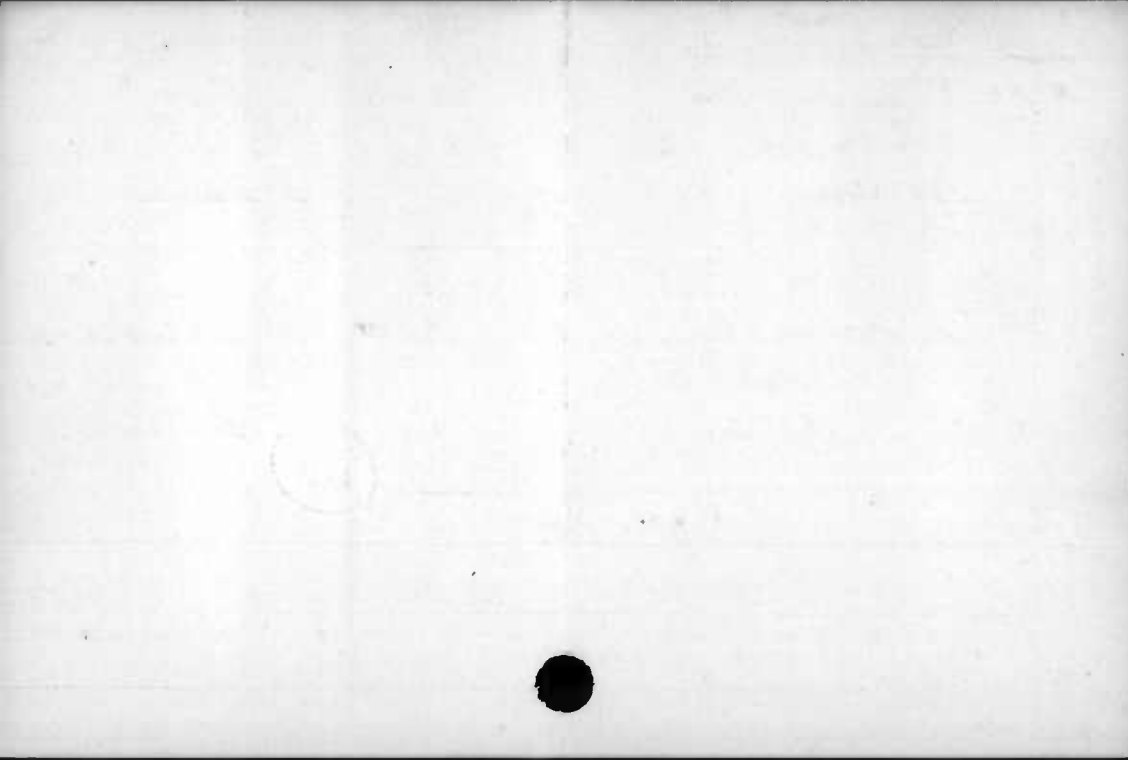
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>6</i>	Age <i>80</i>	Months <i>11</i>	Days <i>4</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>mass</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>Robert J. Graves</i>	Father's Birthplace <i>mass</i>				
Mother's Maiden Name <i>Mary Phila</i>	Mother's Birthplace <i>mass</i>				
Name of person giving information <i>Peresa Cole</i>	How related to deceased <i>niece</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>66</i>	How long <i>2 days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>	
	Address <i>Federalburg md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Sicilian Henry

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

Month

Day

Years

Months

Days

of death

1908

June

9th

Age

—

4

21

Sex

Female

Color or
Race

Colored

Birth-
place

Dorchester Co

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Andrew Henry

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Lizzie Standen

Mother's
Birthplace

Dorchester Co

Name of person giving
Information

Andrew Henry

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

Several days

Immediate

Convulsions

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

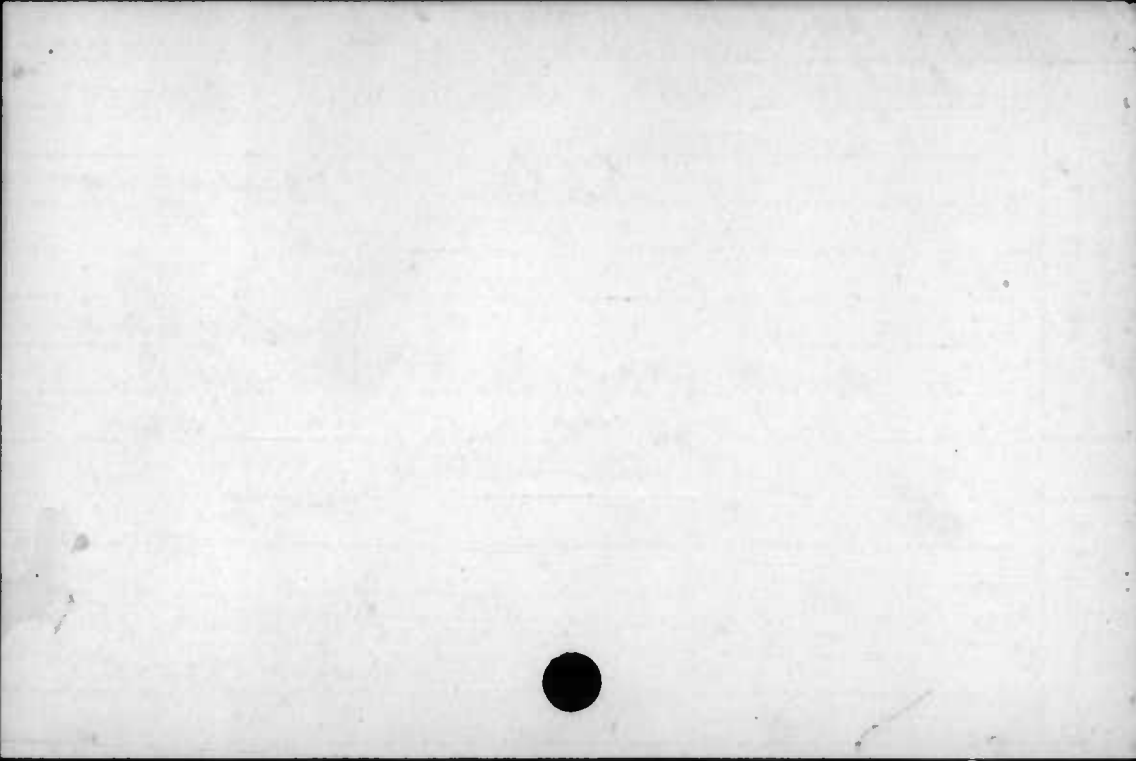
Dexter F. Reynolds M.D.

Address

Cambridge, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

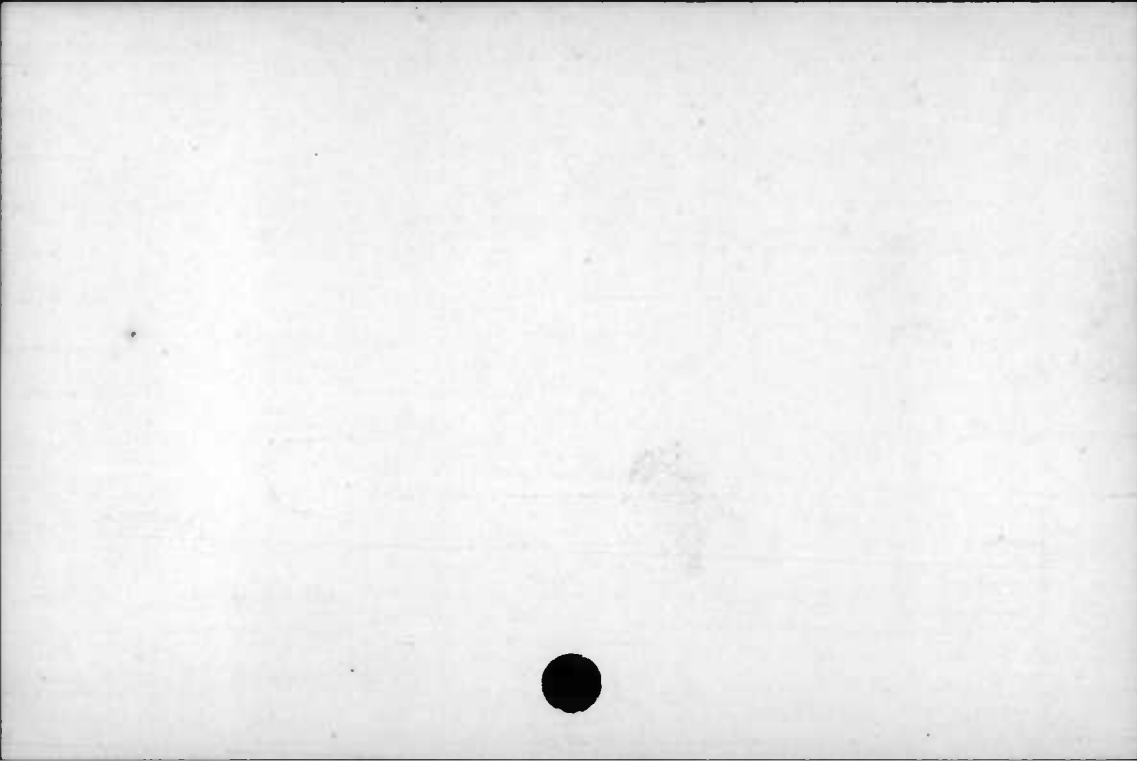
Died at <i>Harlock</i> Town		<i>Don</i> County		MARYLAND	
Date of death	<i>1908</i> Year	<i>June</i> Month	<i>16</i> Day	<i>3</i> Years	<i>3</i> Months
Sex	<i>male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Harlock</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>John Jackson</i>			Father's Birthplace	
Mother's Maiden Name	<i>Amie Thompson</i>			Mother's Birthplace <i>Harlock</i>	
Name of person giving information	<i>Robt Alldridge</i>			How related to deceased	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Colra infantum</i>	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	<i>none in attendance</i>
	Address
	<i>Robert L Hastings</i>
Accident or Suicide?	<i>Sub-Registrar</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Johnson No name
Fishing Creek Dor

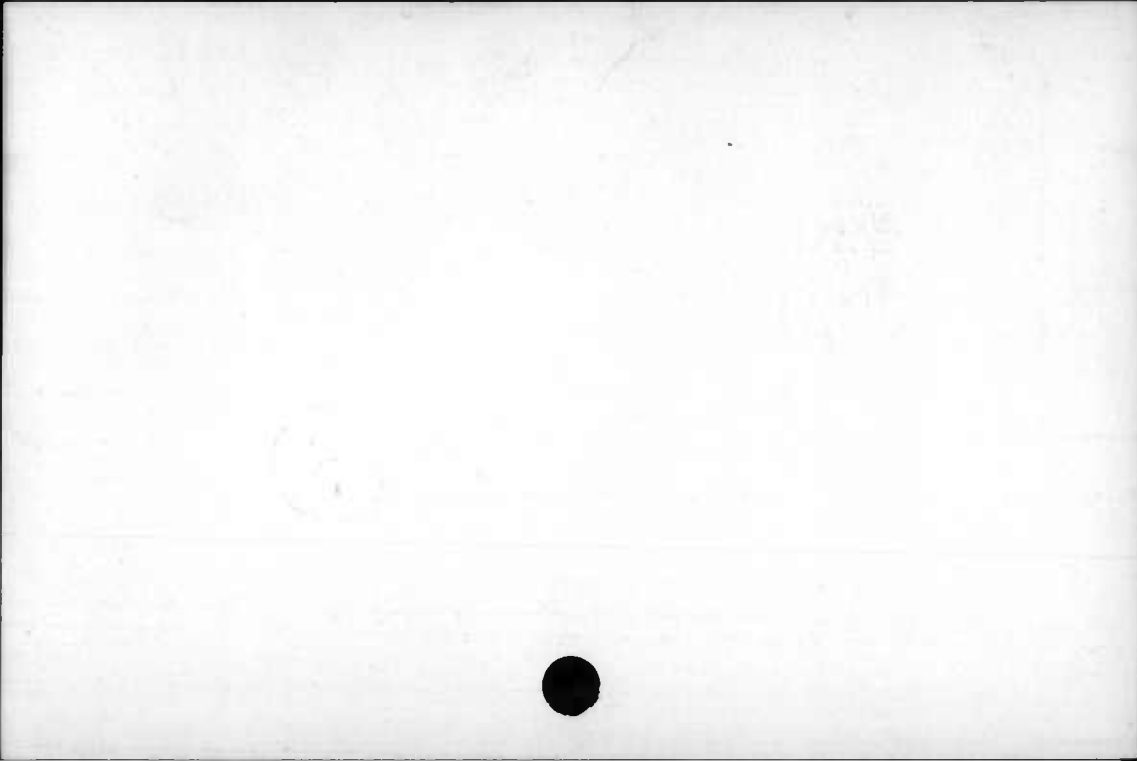
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Jun	22				
Sex		Color or Race		Birth-place			
		White		Fishing Creek			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Mother's Maiden Name				Father's Birthplace	
Hay Johnson		Anna Craghter				Barnsland	
Name of person giving information						Mother's Birthplace	
M T Johnson						Fishing Creek	
						How related to deceased	
						None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Born Dead	How long
Immediate		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		W F Hawster M.D.
		Address
		Fishing Creek
Accident or Suicide?		

(S)



Name in Full Thomas H Jew		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambodge ^{Town}		Dorchester Co ^{County}
	Date of death 1908 ^{Month} June ^{Day} 30		Age about 21 ^{Years} Months — ^{Days} —
	Sex male	Color or Race Black	Birth-place Cambodge
	Occupation Farmer	Where Residing if not at place of death	
	Married, Single or Widowed	Name of Wife or Husband Lair Jew	
	Father's Name John Jew	Father's Birthplace Cambodge	
	Mother's Maiden Name dont-know	Mother's Birthplace dont-know	
Name of person giving information JAMES W. Jew		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Old Age	How long 2 years
	Immediate	" "	How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician No physician
	Address Greenwell Bulwark		Sub, Registrar
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Helene Mandy Jones				CERTIFICATE OF DEATH	
Died at		Town Church Creek		County Archester		MARYLAND	
Date of death		Month 1908 June		Day 14		Years 20	
Sex Female		Color or Race White		Birth- place Maryland		Months 8 Days 3	
Occupation Lisiner		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Thos W. Jones		Father's Birthplace Maryland					
Mother's Maiden Name Helen Richardson		Mother's Birthplace Maryland					
Name of person giving In formation Eddie Jones		How related to deceased Brother					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary Pneumonia		How long Eight months	
Immediate Pneumonia		How long Four days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Victor Howell	
		Address Cambridge Md	
Accident or Suicide?			



Name
in
Full

Emeline Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

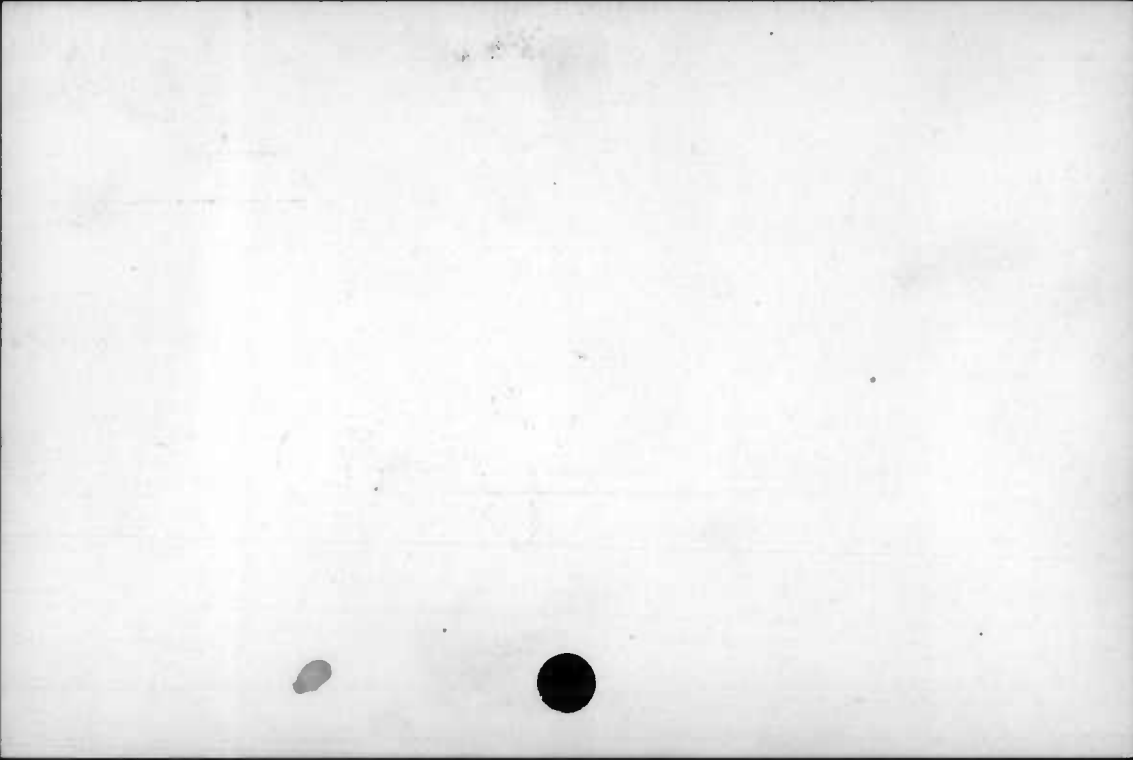
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month Jan	Day 12	Age 91	Years	Months 4
Sex Female		Color or Race White		Birth-place Maryland			
Occupation None		Where Residing if not at place of death Cambridge					
Married, Single or Widowed Widow		Name of Wife or Husband Wm S. Kelly					
Father's Name Briston Richardson		Father's Birthplace Md					
Mother's Maiden Name Martha Richardson		Mother's Birthplace Md.					
Name of person giving information Sarah Kelly		How related to deceased Daughter in Law					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paresis	How long	Quite awhile
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. E. Wolff	
Address		Cambridge, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

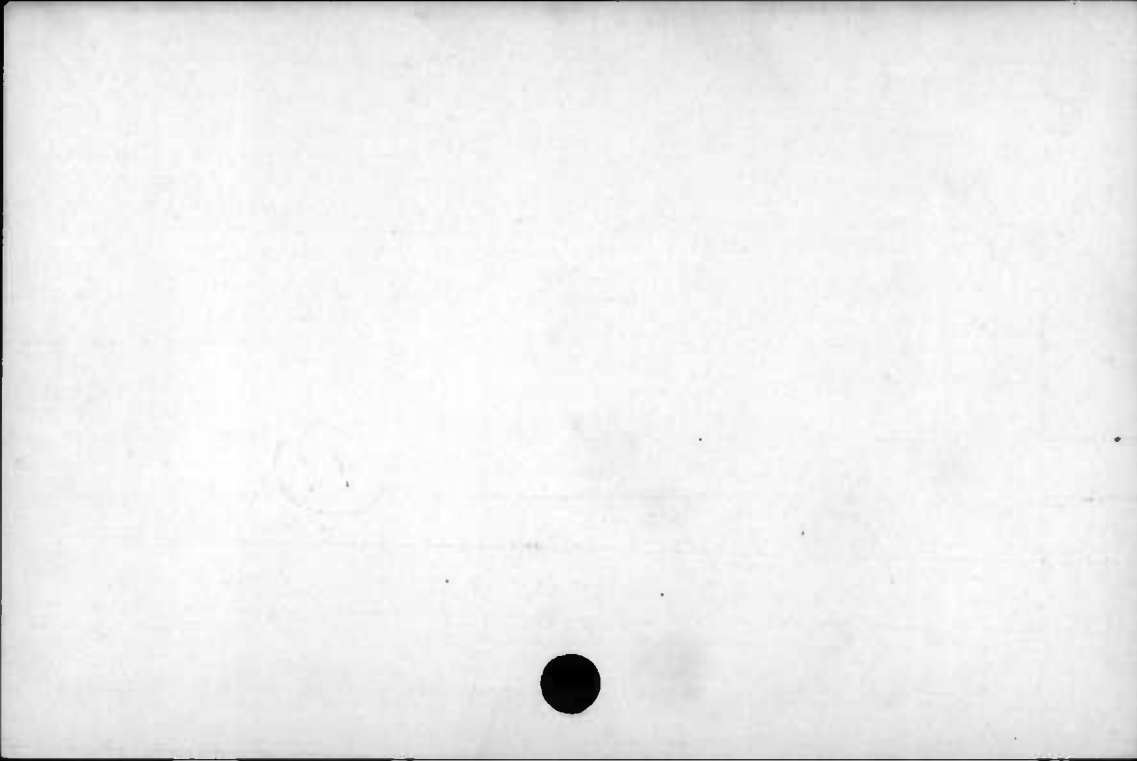
Died at <i>Church Creek</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>12th</i>	Age <i>76</i>	Months <i>5</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>Somerset Co. Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Harrison Lee Compton</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Cross</i>	Mother's Birthplace <i>Wicomico Co. Md.</i>				
Name of person giving information <i>Harry C. Hurry</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

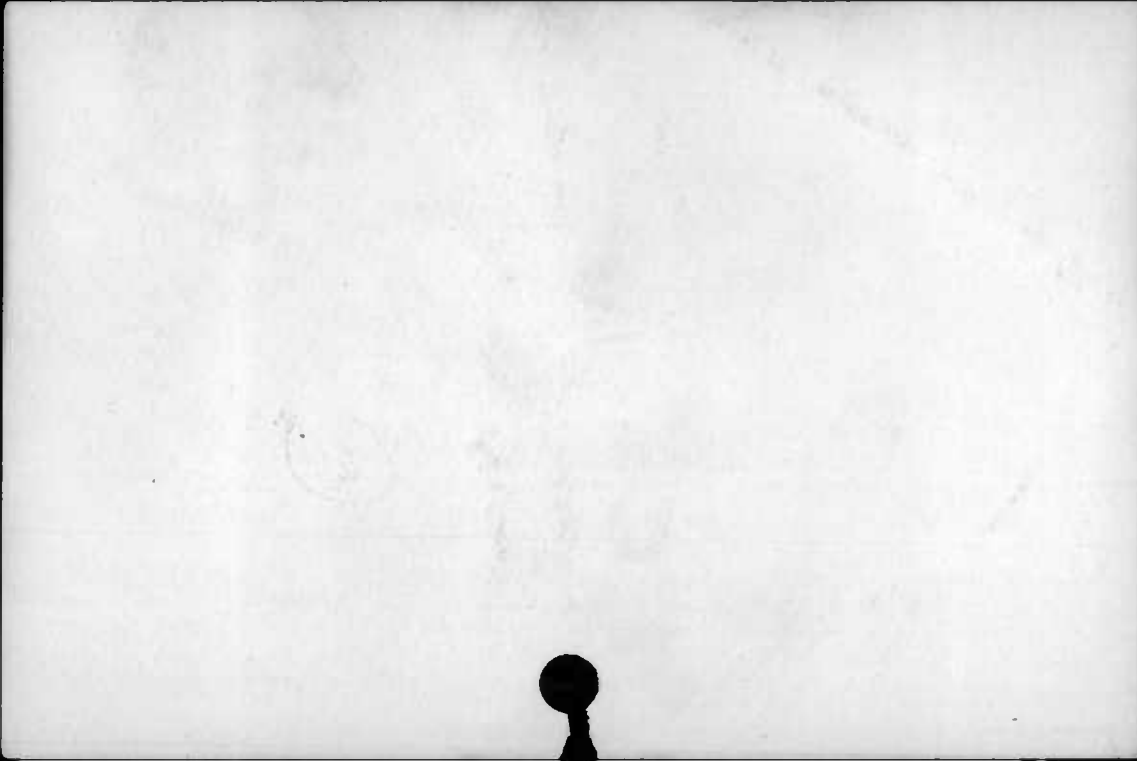
79

PHYSICIAN
OR CORONER

Primary <i>Mitral insufficiency</i>	How long <i>one year</i>
Immediate <i>can't say</i>	How long <i>can't say</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Linticum Jr.</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	

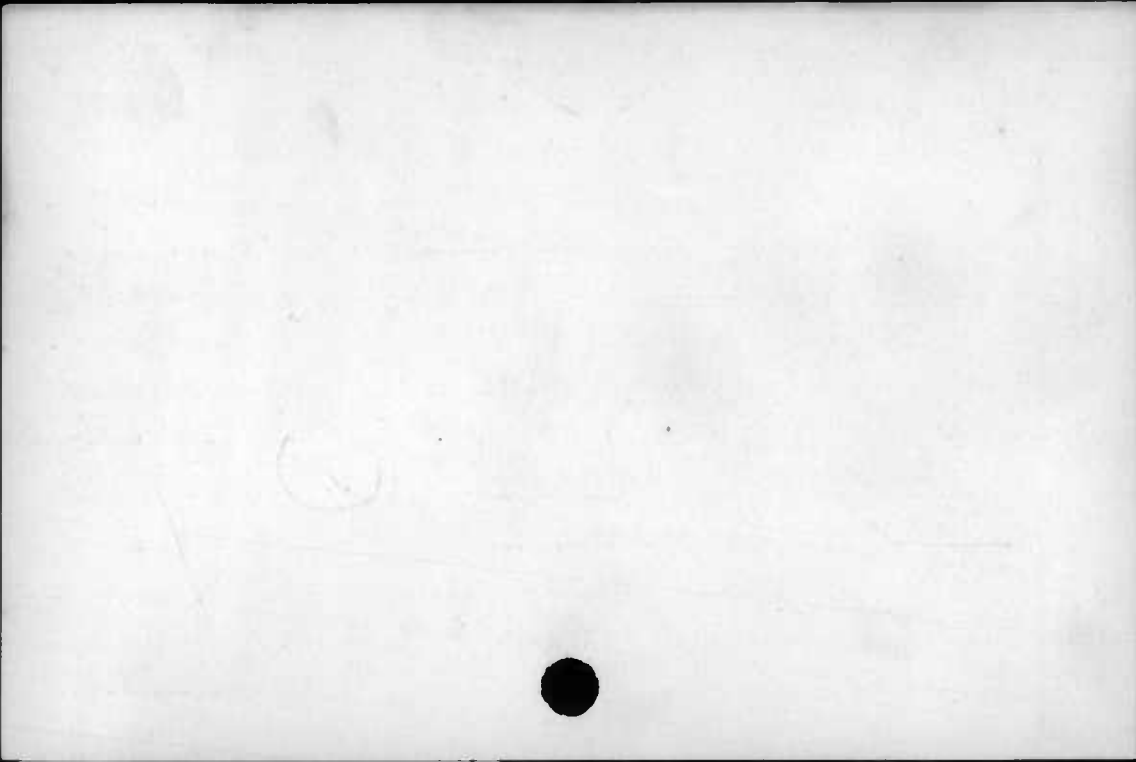


Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hooperaville</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>	
		Date of death 190 <i>8</i> <small>Month</small> <i>June</i> <small>Day</small> <i>15</i>		Age <i>81</i> <small>Years</small>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Hooperaville Md.</i>	
		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Matthew K Lewis</i>	
		Father's Name <i>Sharon</i>		Father's Birthplace <i>unknown</i>	
		Mother's Maiden Name <i>Sharon</i>		Mother's Birthplace <i>unknown</i>	
		Name of person giving information <i>Louisa Simmons</i>		How related to deceased <i>Daughter</i>	
		CAUSES OF DEATH		(66)	
PHYSICIAN OR CORONER		Primary <i>Paralysis</i>		How long <i>4 yrs</i>	
		Immediate <i>General debility</i>		How long <i>4 yrs</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Lawrence T Ashton Jr</i>	
				Address <i>Hooperaville Md</i>	
		Accident or Suicide?			



Name in Full		Rodger Cullen Lyons				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND
	Date of death		1908	Month June	Day 8	Age 4	Years 3
	Sex		Male		Color or Race White		Birth-place Maryland
	Occupation		None		Where Residing if not at place of death Cambridge "		
	Married, Single or Widowed						
	Name of Wife or Husband						
	Father's Name		G. Frank Lyons		Father's Birthplace Maryland		
Mother's Maiden Name		Bessie W. Cook		Mother's Birthplace "			
Name of person giving information		G. Frank Lyons		How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tubercular Meningitis			How long 3 weeks	
	Immediate		Lachmia			How long few days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician D. M. Goleborough		
					Address Caulnaje me		
	Accident or Suicide?						

28



Name
in
Full

John Edwin McAllister.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

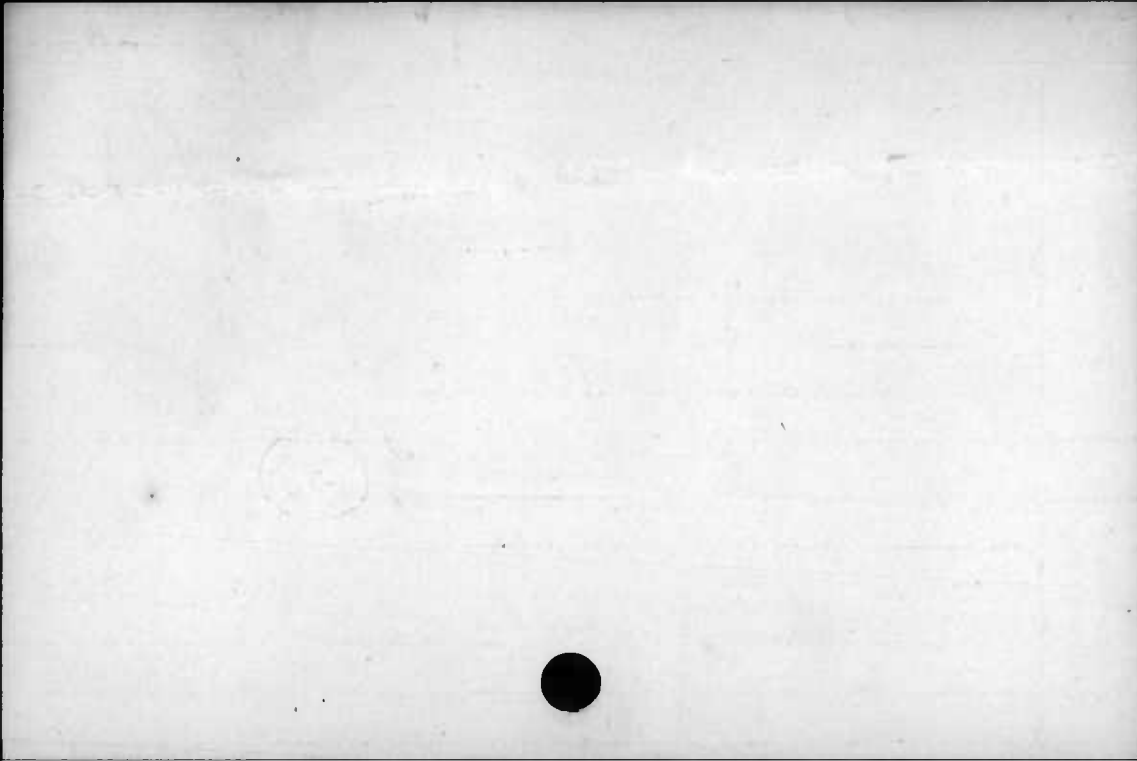
Died at		Town Vienna		County Saratoga		State MARYLAND	
Date of death		1908	Month June	Day 14 th	Age 51	Years	Months —
Sex Male		Color or Race White		Birth- place Maryland.			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Amanda J McAllister			
Father's Name		James A McAllister		Father's Birthplace Maryland.			
Mother's Maiden Name		Eliza Webster		Mother's Birthplace Maryland.			
Name of person giving Information		Amanda J McAllister		How related to deceased Wife			

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary	Cervical adenitis (subacute)	How long	about 2 yrs
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		D. H. Bland.	
		Vienna Md.	
Accident or Suicide?			



Name
in
Full

Robert E. Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

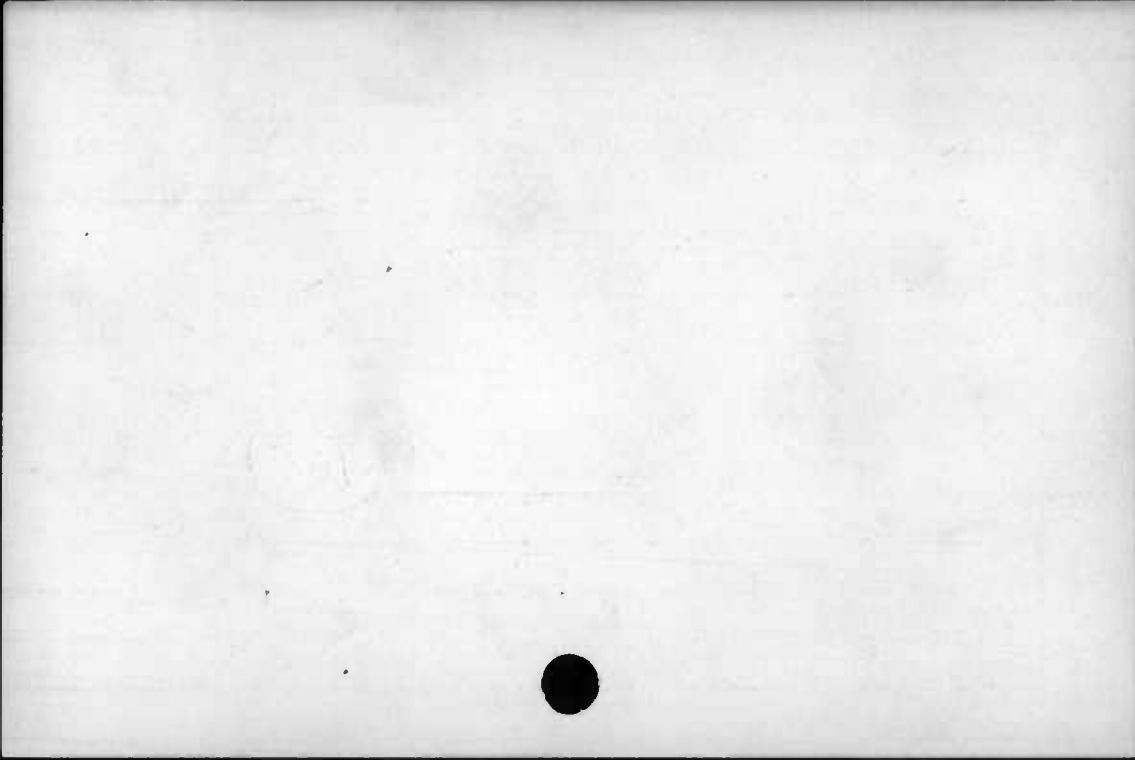
Died at		Town Cambridge		County Dorchester		MARYLAND		
Date of death		1908	Month June	Day 13	Age	Years 3	Months 3	Days
Sex Male		Color or Race White		Birth-place Maryland				
Occupation none		Where Residing if not at place of death Cambridge "						
Married, Single or Widowed		Name of Wife or Husband						
Father's Name Robert Marshall Jr		Father's Birthplace Maryland						
Mother's Maiden Name Delia Parker		Mother's Birthplace "						
Name of person giving information Robert Marshall Jr		How related to deceased Father						

CAUSES OF DEATH

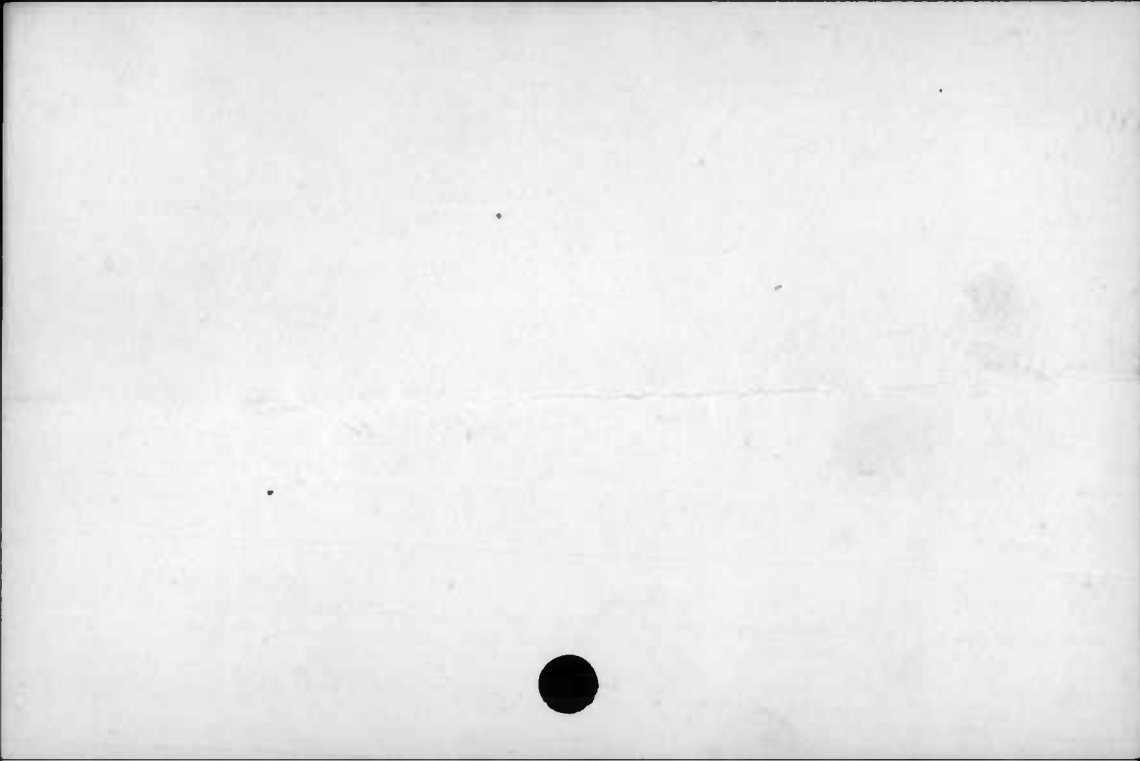
105

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	6 weeks.
Immediate	Exhaustion	How long	not long.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. E. Wolff	
Address		Cambridge, Md.	
Accident or Suicide?			



Name in Full		Nathaniel Medford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Huslock</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
		Date of death <u>1908</u> <small>Month</small> <u>June</u> <small>Day</small> <u>16</u>		Age <u>64</u> <small>Years</small>		<u>2</u> <small>Month</small> <u>16</u> <small>Days</small>	
		Sex <u>Male</u>		Color or Race <u>American</u>		Birth-place <u>Harrison Ind.</u>	
		Occupation <u>Retired Farmer</u>		Where Residing if not at place of death			
		Married, <u>Single</u> or Widowed		Name of Wife or Husband <u>Rocina Medford</u>			
		Father's Name <u>Nathaniel Medford</u>		Father's Birthplace <u>Harrison Ind.</u>			
		Mother's Maiden Name <u>Rebecca Payne</u>		Mother's Birthplace <u>Ind.</u>			
		Name of person giving Information <u>Harry Griffin</u>		How related to deceased <u>Son-in-law</u>			
		CAUSES OF DEATH				(54)	
PHYSICIAN OR CORONER		Primary <u>Anemia</u>		How long <u>20 yrs</u>			
		Immediate <u>Emaciation</u>		How long <u>3 months</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. F. Nicols M.D.</u>			
				Address <u>E. W. Market, Ind.</u>			
		Accident or Suicide?					



Name
in
Full

E has R more

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

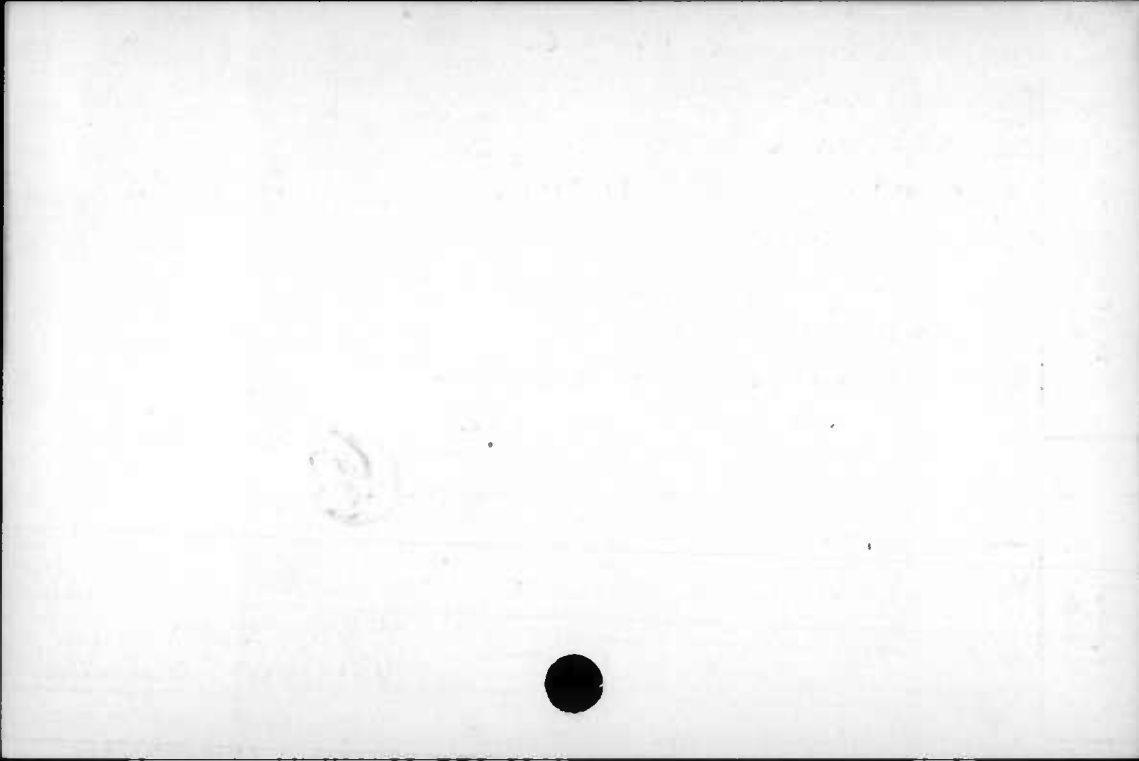
Died at <i>Lloyds</i> ^{Town}		<i>Barchester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>14</i>	Age <i>1</i>	Months <i>2</i>	Days
Sex <i>male</i>	Color or Race <i>W hite</i>	Birth-place <i>Lloyds</i>			
Occupation <i>infant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Randolph more</i>	Father's Birthplace <i>Cambridgeville md</i>				
Mother's Maiden Name <i>Sadie T Spedden</i>	Mother's Birthplace <i>Hills Point md</i>				
Name of person giving information <i>Randolph more</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>
	Address <i>Cambridge R F D 5 md</i>
Accident or Suicide?	



Name
In
Full

Charlie Garfield Paine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

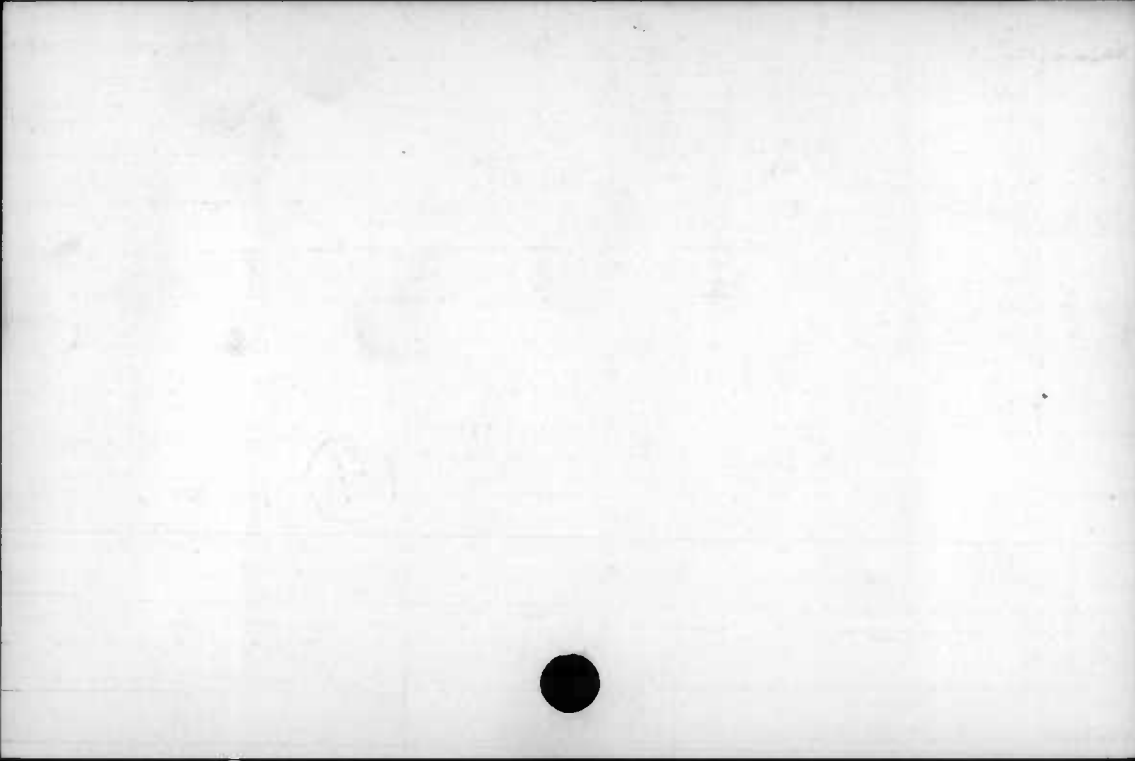
Died at		Town		County		State	
Cambridge		Md		Md		MARYLAND	
Date of death	1908	Month	June	Day	1	Age	3 Years 6 Months 6 Days
Sex	Male	Color or Race	Black	Birth-place	Cambridge		
Occupation	Child	Where Residing if not at place of death			Cambridge		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Charlie Paine				Father's Birthplace	
						Cambridge	
Mother's Maiden Name		Annie Black				Mother's Birthplace	
						Buckwith	
Name of person giving information		Charlie Paine				How related to deceased	
						Father	

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
No physician	
Germent Sullivan	
Justice of the Peace	
Accident or Suicide?	



Name
in
Full

Robert H. Phillips

CERTIFICATE OF DEATH

Died at Cambridge Town

Inches County

MARYLAND

Date of death 190 P

Month June

Day 24

Age 52

Months —

Days —

Sex

Male

Color or Race

White

Birth-place

Br. Co. Md.

Occupation

Farmer

Where Residing if not at place of death

—

Married, Single or Widowed

Married

Name of Wife or Husband

Grace L. Thompson

Father's Name

Chas. W. Phillips

Father's Birthplace

Br Co. Md.

Mother's Maiden Name

Julia A. Blinzard

Mother's Birthplace

Md.

Name of person giving information

Grace L. Phillips

How related to deceased

Wife

CAUSES OF DEATH

27

Primary

Tuberculosis Pulmonae + Meningeal

How long

4 months

Immediate

Paralysis & exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

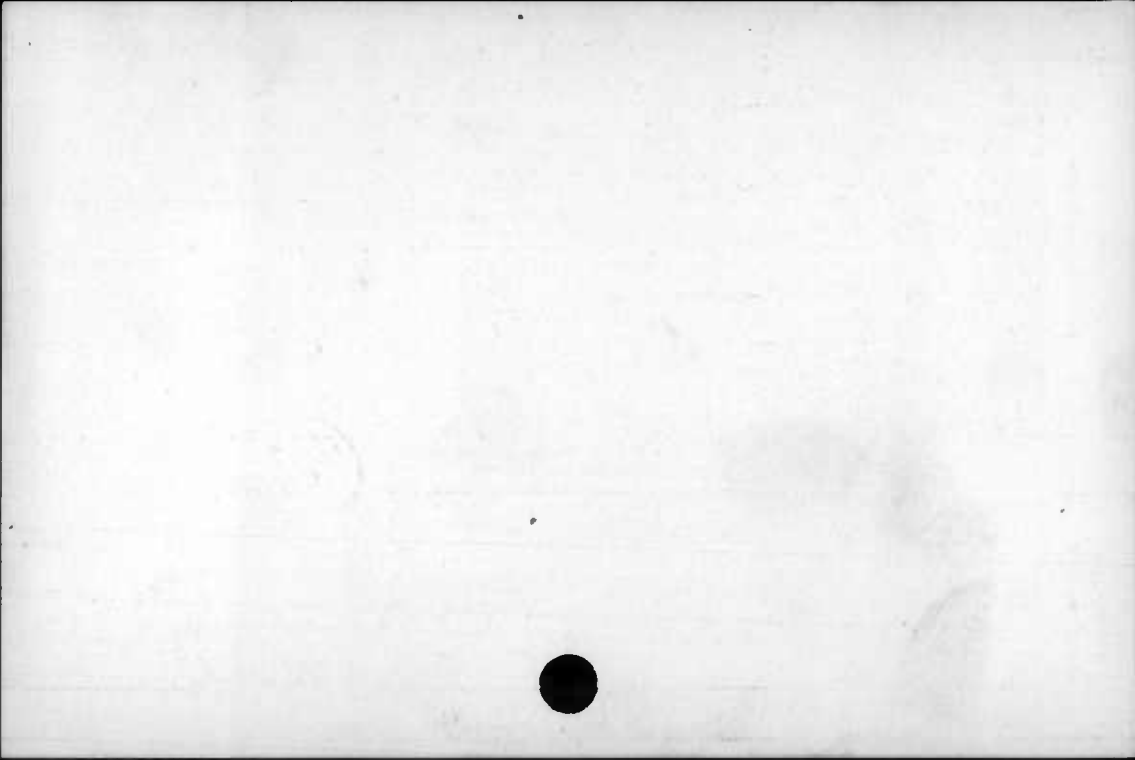
Signature of Physician

Harry Steele

Address

Cambridge Md.

Accident or Suicide?



Name
in
Full

William G. Pritchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>12</i>	Age <i>57</i>	Years	Months <i>2</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Retired</i>			Where Residing if not at place of death <i>Cambridge "</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah L. Pritchett</i>					
Father's Name <i>John W. Pritchett</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Eliizabeth Bramble</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Sarah L. Pritchett</i>			How related to deceased <i>Wife</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Several Years</i>
Immediate <i>Exhaustion</i>	How long <i>Some days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. W. Glasborough</i>
	Address <i>Cambridge, Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Sarah J. Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

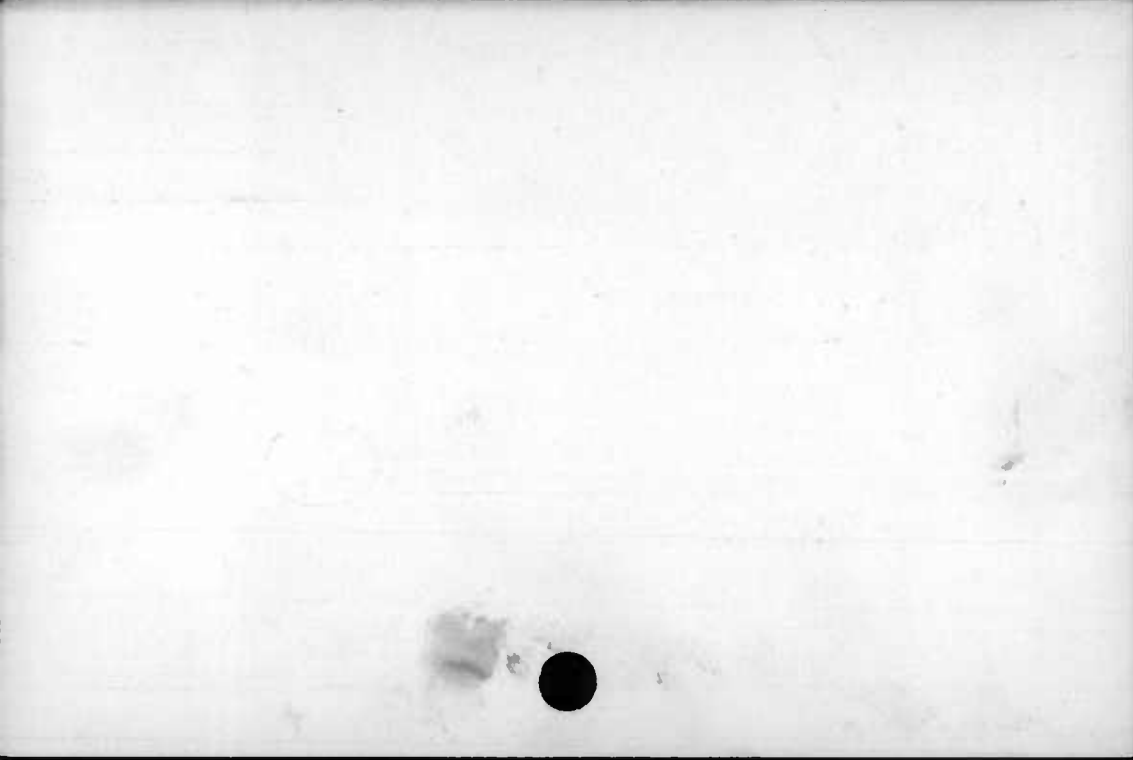
Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>June</i> ^{Month}	<i>24</i> ^{Day}	Age <i>46</i> ^{Years}	<i>—</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Cambridge</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John W. Richardson</i>				
Father's Name <i>John Larimer</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>Adams</i>	Name of person giving information <i>Harriet Richardson</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary <i>Sandys Paralysis</i>	How long <i>1 month</i>
Immediate <i>Gradual Epilepsy</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Steele</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name
in
Full

Litty Ann Ross

CERTIFICATE OF DEATH

Died at ^{Town} *Milton*^{County} *Dorchester*

MARYLAND

Date
of death *1908*Month
*June*Day
2nd

Age

Years
*70*Months
*—*Days
—

Sex

*Female*Color or
Race*Col.*Birth-
place*Dor. Co. Md.*

Occupation

*House work + Spinning*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
information*John Cunnally*How related
to deceased*None*

CAUSES OF DEATH

79

Primary

Myocardial Regeneration

How long

About 5 or 6 yrs

Immediate

Active Constriction of Lungs

How long

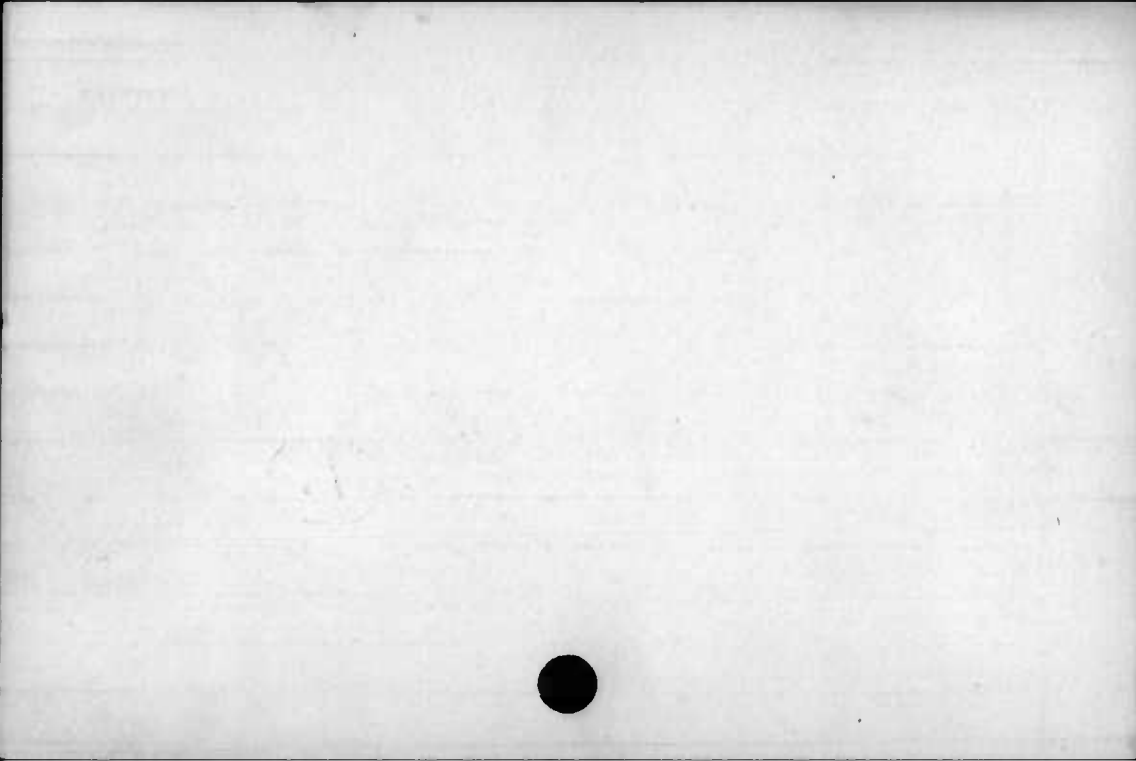
*6 or 7 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Victor C. Carroll*

Address

Cambridge, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Daniel J. Saunders</i>		Town <i>Lakesville</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>26th</i>		Years <i>Unknown</i>	
Date of death <i>1908</i>		Age <i>Unknown</i>		Months <i>Unknown</i>		Days <i>Unknown</i>	
Sex <i>Male</i>		Color or Race <i>Col.</i>		Birth- place <i>Dor. Co. Md.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Jane Dorsey</i>					
Father's Name <i>Jacob Saunders</i>		Father's Birthplace <i>Dor. Co. Md.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>John Lee</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

106

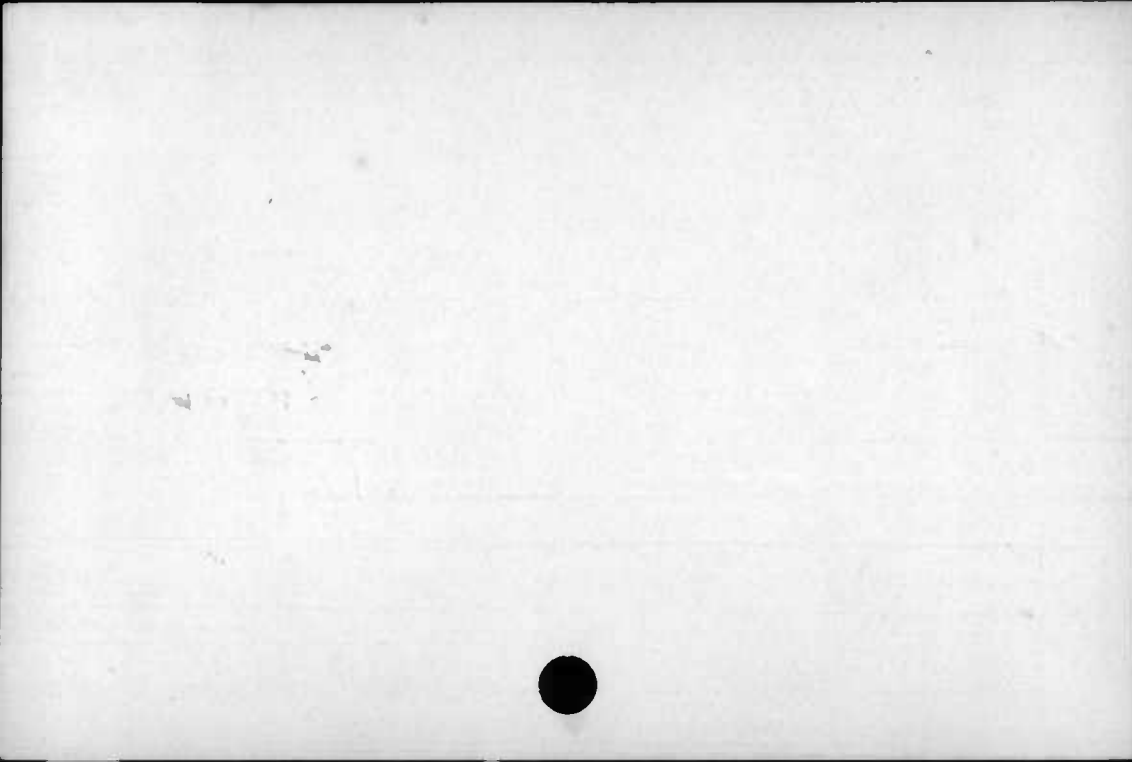
How long

Two weeks

How long

*Three years*PHYSICIAN
OR CORONER

Primary <i>Mild Colitis</i>		How long <i>Two weeks</i>	
Immediate <i>Mitral Regurgitation</i>		How long <i>Three years</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Victor C. Carroll</i>	
		Address <i>Cambridge Md -</i>	
Accident or Suicide?			



Name
in
Full

Sara Lizzie Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

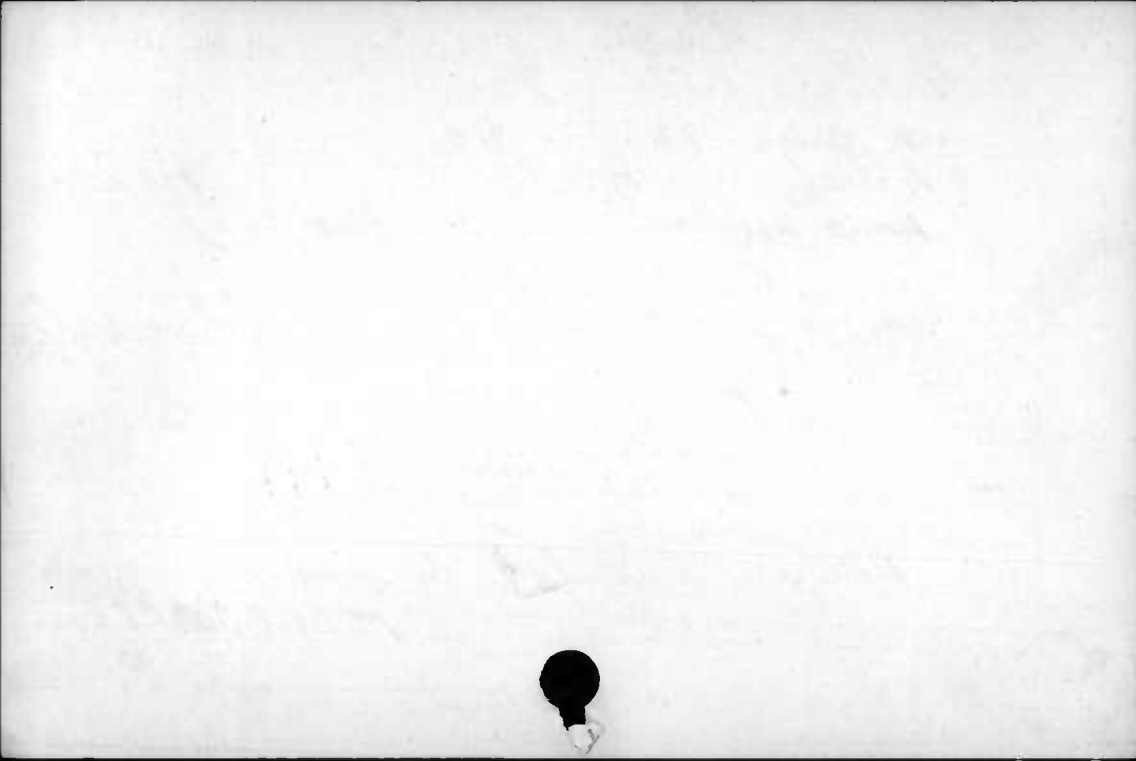
Died at <i>Woolford</i>		Town <i>Woolford</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908 June</i>		Month <i>June</i>	Day <i>5</i>	Age <i>57</i>	Years <i>57</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Anthony Saunders</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Sara Cornish</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>John Saunders</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>3 or 4 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Victor L. Lawell</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name
in
Full

E. H. Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Vienna Town Dorchester County MARYLAND

Date of death 1908 Month June Day 1st Age 55 Years Months Days

Sex male Color or Race Caucasian Birth-place Vienna Md.

Occupation Farmer Where Reading if not at place of death Vienna Md.

Married, Single or Widowed Widower Name of Wife or Husband Don't know

Father's Name E. L. Short Father's Birthplace Don't know

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving information Norman Short How related to deceased Nephew

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

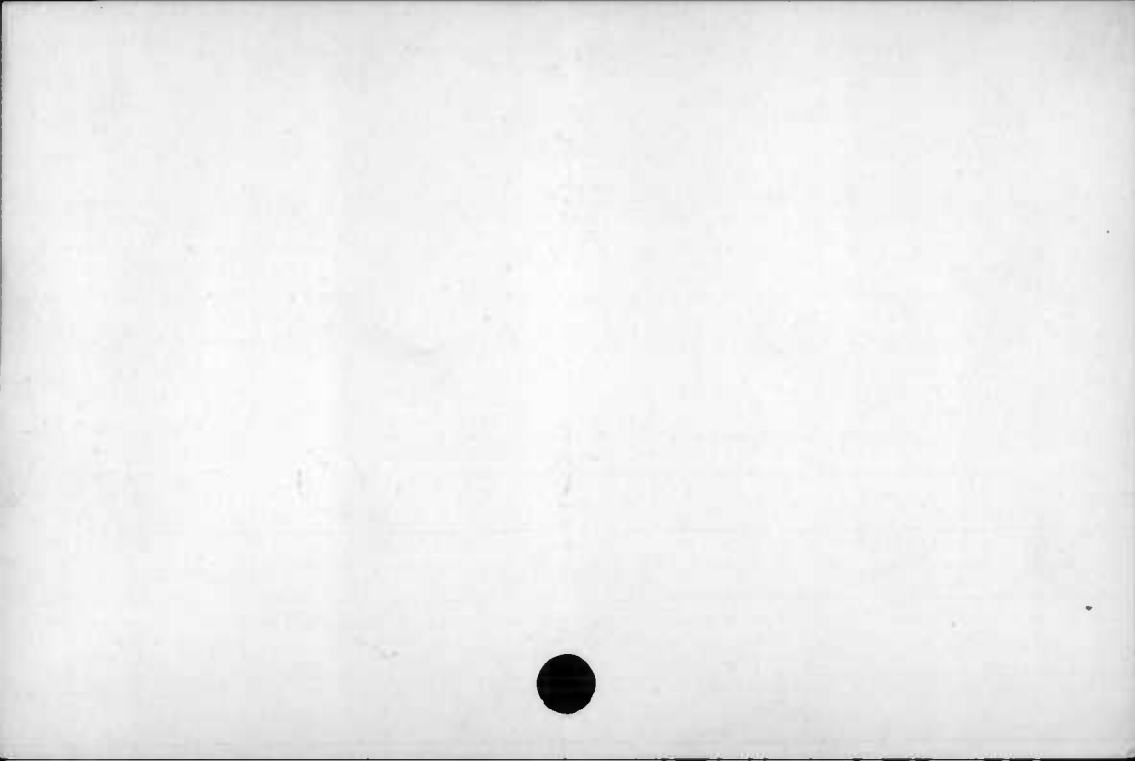
Primary Grippe How long 6 weeks

Immediate ~~2 weeks~~ Paralysis & heart failure How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician R. J. Price

Address Vienna Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

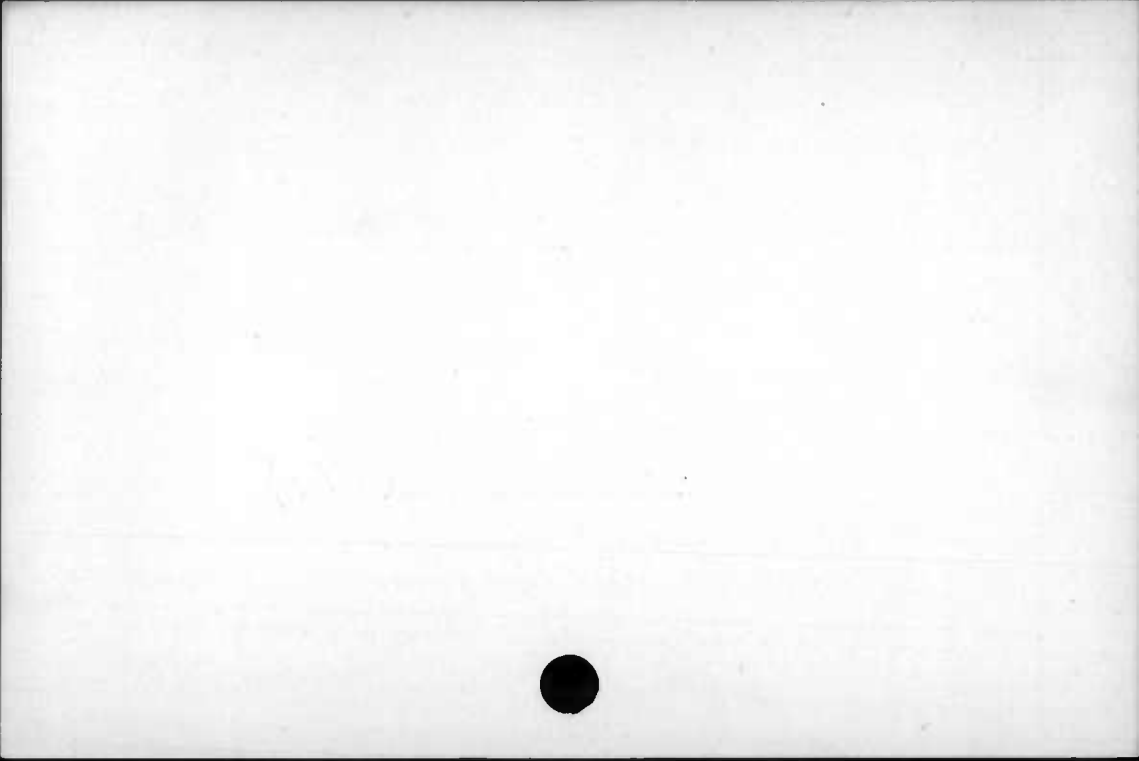
Name in Full <i>Nancy R. Slattery</i>		Town <i>Hoopersville</i>		County <i>Deer</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>18</i>		Years <i>82</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>female</i>		Color or Race <i>White</i>		Birthplace <i>Taylor's island</i>			
Occupation <i>House keep +</i>		Where Residing if not at place of death <i>Hoopersville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mattie C. Lewis</i>					
Father's Name <i>George Slattery</i>		Father's Birthplace <i>Lakewood</i>					
Mother's Maiden Name <i>Nancy</i>		Mother's Birthplace					
Name of person giving information <i>Victor Simpson</i>		How related to deceased <i>grandson</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>general debility</i>		How long	
Immediate <i>Brain invited for over three years.</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Lawrence S. S. S.</i>	
		Address <i>Hoopersville, D. C.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

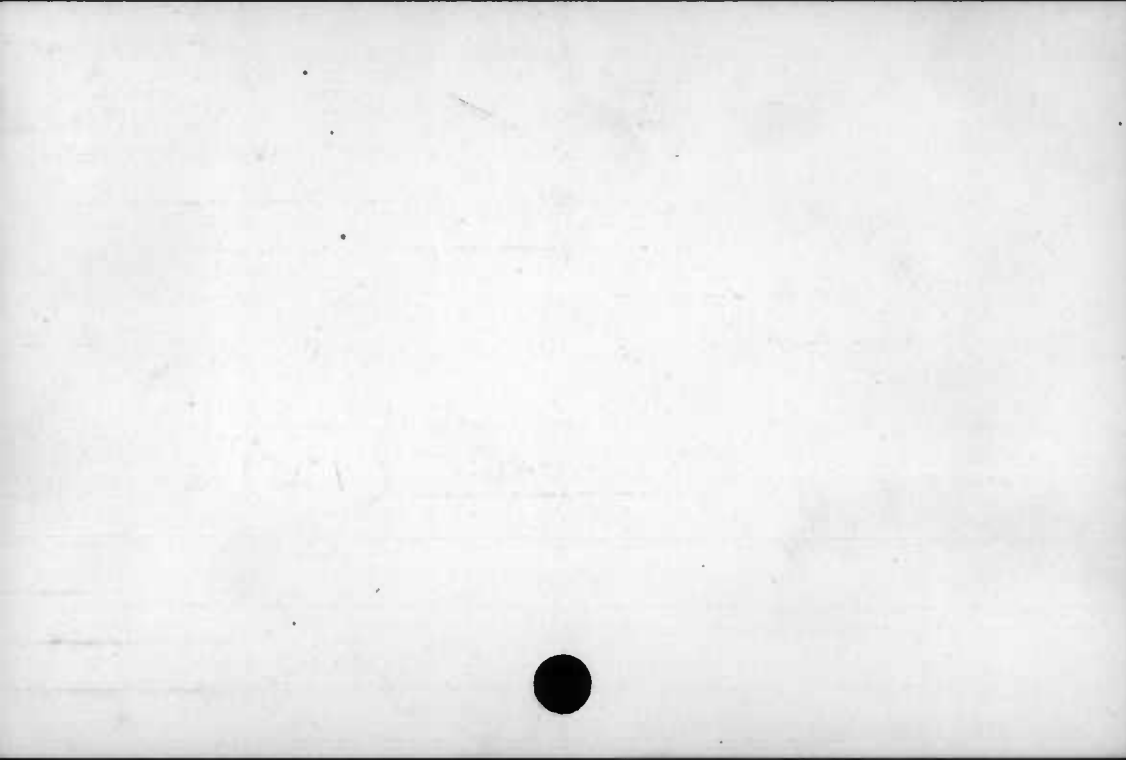
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month June	Day 27	Age Years	Months 8	Days 6
Sex Male		Color or Race White		Birth- place Maryland			
Occupation none		Where Residing if not at place of death Cambridge					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Charles B. Sullivan		Father's Birthplace Maryland					
Mother's Maiden Name Addie Potter		Mother's Birthplace					
Name of person giving information Charles B. Sullivan		How related to deceased Father					

CAUSES OF DEATH

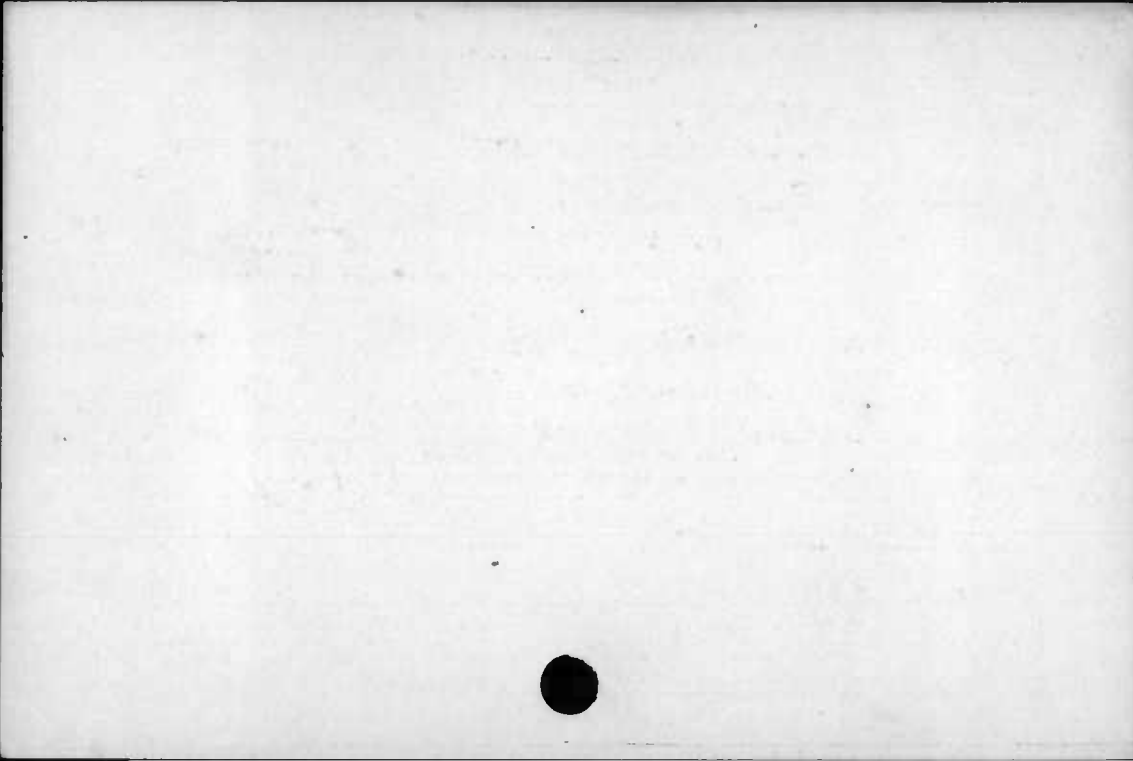
105

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	How long	2 weeks
Immediate	Ampl. Peritonitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Henry Stahl	
		Address Cambridge Md.	
Accident or Suicide?			



Name in Full		Town				County		STATE							
Infant Traverso		Fishing Creek		Dorchester		MARYLAND									
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1908		June		29				9 hours							
Sex		Male		Color of Race		White		Birth-place		Dorchester					
Occupation				Where Residing if not											
Married, Single or Widowed				Name of Wife or Husband											
Father's Name		Wm Henry Traverso		Father's Birthplace		Dorchester									
Mother's Maiden Name		Annie C. Lewis		Mother's Birthplace		Dorchester									
Name of person giving information		W. H. Traverso		How related to deceased		Father									
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH				(176)									
PHYSICIAN OR CORONER		Primary		Delayed labor, respiration weak		How long									
		Immediate		Lungs full of water, asphyxia		How long		9 hours.							
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. H. Traverso M.D.							
						Address		Fishing Creek							
		Accident or Suicide?						Maryland							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

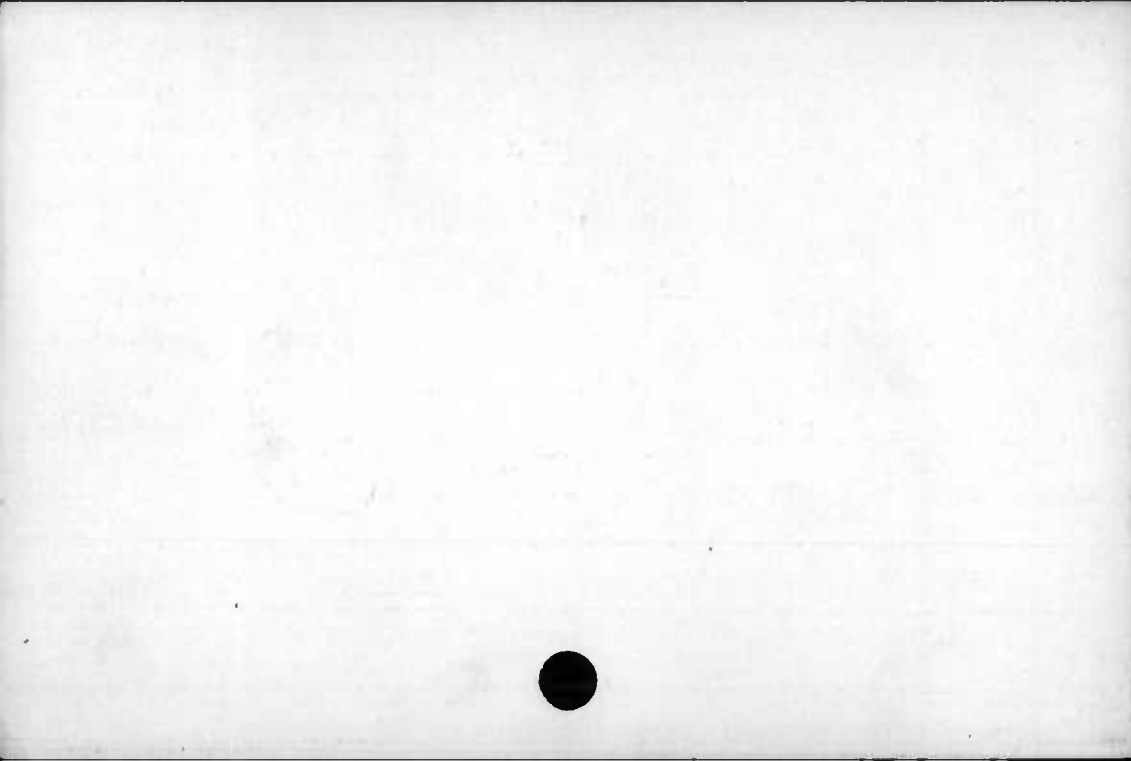
Name in Full <i>Mary Vaughn</i>		Town <i>Near Blunk City</i>		County <i>Sorchester</i>		State MARYLAND	
Died at <i>Near Blunk City</i>		Month <i>June</i>		Day <i>12</i>		Years <i>74</i>	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>12</i>		Years <i>74</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Sorchester Co Md</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>William Vaughn</i>					
Father's Name <i>Lynne Hooper</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Hooper</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Launce Cornick</i>		How related to deceased <i>Wife at all</i>					

CAUSES OF DEATH

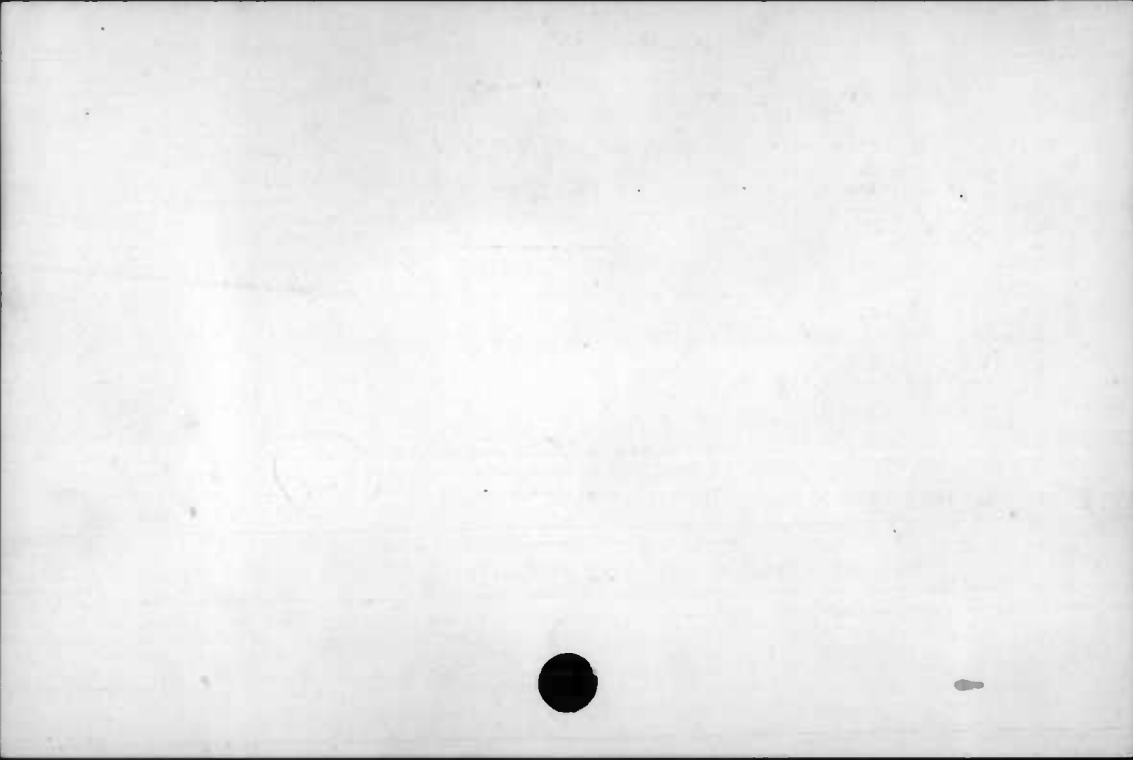
54

PHYSICIAN
OR CORONER

Primary <i>Amnesia</i>	How long <i>Six months</i>
Immediate <i>Heart Failure</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor Lawell</i>
	Address <i>Cambridge Ind</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
Angie Vincent		Town Cambridge		County Dorchester	
Died at		Town Cambridge		County Dorchester	
Date of death		Month June	Day 22	Years 41	Months —
Sex Female		Color or Race White		Birth-place Maryland	
Occupation Housewife		Where Residing if not at place of death Cambridge "			
Married, Single or Widowed Married		Name of Wife or Husband Wm. H. Vincent			
Father's Name Wm. L. Ford		Father's Birthplace Maryland			
Mother's Maiden Name Margaret L. Paul		Mother's Birthplace "			
Name of person giving information Wm. H. Vincent		How related to deceased Husband			
CAUSES OF DEATH					
Primary Tuberculosis		How long 2 yrs.			
Immediate Heart Failure from Thrombosis		How long 2 or 3 minutes			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. E. Wolff			
		Address Cambridge, Md.			
Accident or Suicide?					



Name
in
Full

Chauncy Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

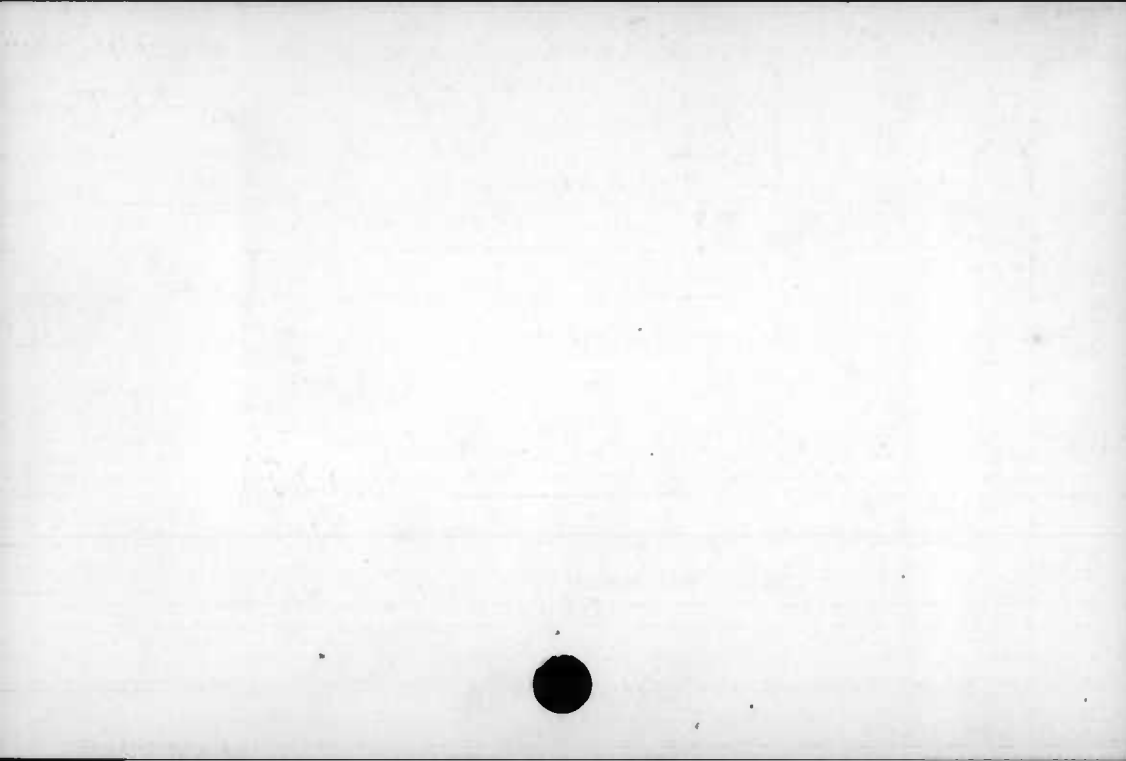
Died at <u>Cambodge</u> ^{Town}		<u>Dorchester</u> ^{County}		<u>MD</u> ^{MARYLAND}	
Date of death <u>1908</u> ^{Year}	<u>Jun</u> ^{Month}	<u>12</u> ^{Day}	Age <u>3</u> ^{Years}	<u>3</u> ^{Months}	<u></u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Cambodge</u>			
Occupation <u>Baby</u>		Where Residing if not at place of death <u>Cambodge</u>			
Married , Single or Widowed		Name of Wife or Husband			
Father's Name <u>Samuel Walter</u>		Father's Birthplace <u>Farmmont</u>			
Mother's Maiden Name <u>Josephine Farrow</u>		Mother's Birthplace <u>Cambodge</u>			
Name of person giving information <u>Samuel Walter</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Enteritis</u>	How long <u>For 3 weeks</u>
Immediate <u>Gradual Epheantism</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm Still</u>
	Address <u>Cambodge Md</u>
Accident or Suicide?	



Name in Full Mrs Sarah B Wheatley		CERTIFICATE OF DEATH	
Died at near Cambridge ^{Town}		Dorchester ^{County}	
Date of death 1908 June 12		MARYLAND	
Sex female		Color or Race colored	
Occupation Housewife		Birth-place Dorchester Co	
Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Wm Henry Wheatley	
Father's Name Joseph Barnish		Father's Birthplace E.N. Market	
Mother's Maiden Name Reita Johnson		Mother's Birthplace Heckehurg	
Name of person giving information Wm Henry Wheatley		How related to deceased Husband	
CAUSES OF DEATH			
Primary Pulmonary Tuberculosis		How long One year	
Immediate Anemia		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dexter J. Reynolds	
		Address Cambridge, Md	
Accident or Suicide?			

(12)

